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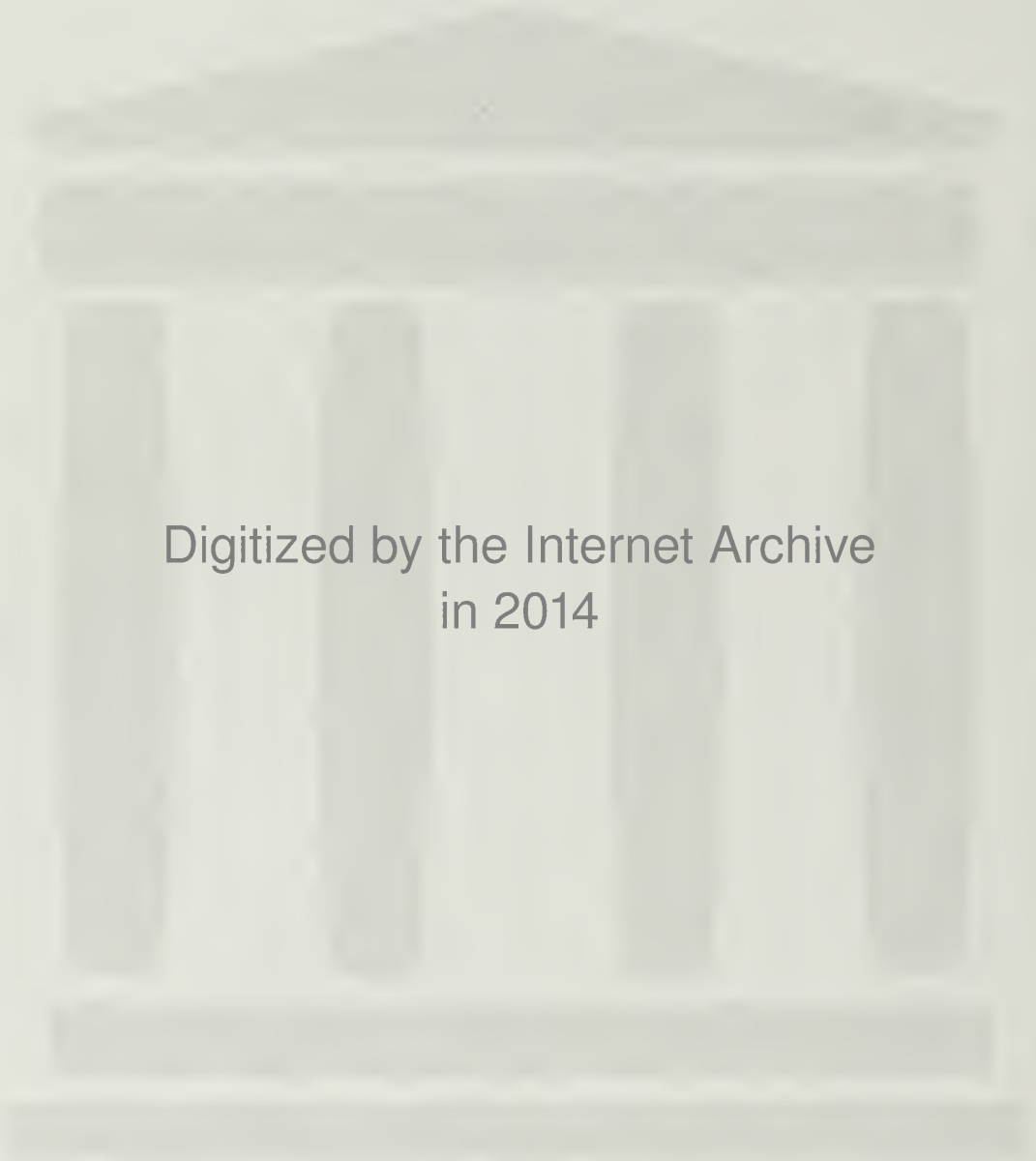
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Massachusetts WIC Program

STATE PLAN

Fiscal Year 1988

THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health, Division of Family Health Services
Maternal and Child Health

Massachusetts WIC Program

FY 88 STATE PLAN

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MASSACHUSETTS

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN

(WIC PROGRAM)

FISCAL YEAR 1988

STATE PLAN

SECTION 1: GOALS AND OBJECTIVES

STATE PLAN

Section 1: Goals and Objectives

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REVIEW OF FISCAL YEAR 1987 GOALS AND OBJECTIVES

ADMINISTRATION AND MANAGEMENT

The primary Administration and Management objectives for FY 87 were:

1. To provide WIC services to approximately 69,500 participants across the state by the end of federal fiscal year 1988.

   Ongoing. With allocation of new caseload funded by FY 84 state expansion monies, the statewide assigned caseload was increased to 68,500, a level supported by state and projected federal funding for both food and administration for the period July 1, 1986 through June 30, 1987. As projected, active participation increased each month during the winter and spring of 1987 and reached assigned caseload levels in early summer.

   A. Facilitate coordination of WIC with other health and social services at the state and local level.

      Ongoing. In order to ensure requisite expansion and maintenance of caseload, the Massachusetts WIC Program has coordinated referral activities with other Maternal and Child Health programs at the Department of Public Health and has initiated activities with the Department of Public Welfare. For example, a special check insert promoting WIC was mailed with AFDC checks to all pregnant women and mothers of infants. The state agency provided outreach materials and technical assistance to local WIC programs with regard to building and maintaining community-based referral networks.

   B. Monitor caseload distribution among catchment areas.

      Ongoing. Caseload activity is monitored on a monthly basis, and a manual count was initiated in order to provide more current data on participation in each service area. As part of the FY 88 recontracting process, local WIC program caseload assignments and management histories were reviewed.

      In order to assure maximum services to 68,500 participants each month, caseload was then reallocated to:

      - local WIC programs that were unable to serve participants in priority groups IV or V-A so that each program would be able to serve participants in priority groups I through V-A;

      - local WIC programs in areas of high risk, high need as demonstrated by high infant mortality, low birthweight, and adolescent pregnancy as well as the WIC Needs Assessment; and

- local WIC programs with the management capacity to utilize current or additional caseload while maintaining program standards.

2. To improve the efficiency, accountability, and effectiveness of the electronic data processing (EDP) system to enchance program management.

   A. Pursue development and implementation of changes in EDP system as recommended by the ASI evaluation.

      Ongoing. In late FY 86, an independent consultant study of the current Massachusetts WIC MIS system recommended a new automated system, including specific short and long term initiatives for state and local agency implementation. An advisory committee comprised of local program and agencies, Department and State executives, and USDA/NERO representatives reviewed the study and made recommendations on the feasibility of implementation activities, timeframes, and resource needs. The WIC Program proceeded to: 1) implement short term improvements and 2) hire an MIS Project Manager to develop, coordinate, and implement a design plan with input from local WIC programs as well as the state agency and the Department of Public Health. The Project Manager will also staff an MIS Steering Committee, comprised of WIC, DPH and DFHS management staff and communicate with the MIS Advisory Committee on MIS Project progress. The initiative is expected to take a minimum of two years.

   B. Monitor implementation of corrective actions for OIG audit resolution.

      Completed. Corrective action for the audit was monitored on an ongoing basis with all activities operational.

3. To assure the effective operation of the state agency central staff.

   A. Promote collaboration and coordination among program components.

      Ongoing. Senior staff (the Assistant Directors for Fiscal/ Systems, Food Delivery and Program/Nutrition) meet on a weekly basis with the WIC Director. Staff from the three program components meet on initiatives whose activities cross program component lines, such as food package tailoring.

   B. Establish specific performance management goals for managers.

      Completed.

C. Hire staff to fill funded vacancies.

Ongoing. During FY 87, the positions of Voucher Coordinator, Assistant Program Manager, Vendor Coordinator and EDP Systems Analyst II were filled. Additionally, the positions of Food Delivery Specialist, Input/Output Coordinator, SEA/STP Nutritionist Coordinator, and two Nutritionist positions were converted from consultant to permanent state-funded status following approval of state positions. The position of Assistant Director for Fiscal and Systems was converted to job-sharing status, and a new position, Vendor Manager, is expected to be filled by September, 1987.

4. To strengthen communication with participants, local WIC programs and interested citizens.

A. Further implement recently established statewide WIC Advisory Council of citizens, participants, local program staff, and elected and appointed state officials.

Completed. Beginning in October, the WIC Advisory Council met every other month during FY 87. Among the agenda items reviewed, discussed and commented upon by the Council were: tailoring, the Farmer's Market Demonstration Project, alternate delivery of vouchers, WIC salary study, state and local agency organization and staffing, caseload management, and FY 88 statewide resource allocation. Council members were provided with orientation to the Massachusetts WIC Program and monthly status reports on state agency activities.

B. Revise state agency internal meetings to improve regular flow of information and integration of program components.

Completed. See 3.A, above. Additionally, staff of each program component meet regularly with their respective Assistant Directors.

C. Enhance restructured working committees with local programs to enhance input and exchange of information.

Completed. The Accountability Work Group, Nutrition Education Task Force and new Program/Nutrition Work Group met regularly during FY 87 to advise the state agency on development and implementation of initiatives as well as policies and related procedures.

REVIEW OF FISCAL YEAR 1987 GOALS AND OBJECTIVES

PROGRAM

1. To standardize management systems among local programs.

   A. Evaluate local programs annually to ensure efficiency and accuracy of participant eligibility determination, processing standards, and provision of benefits: nutrition education, food vouchers and referrals.

      In process. All thirty-four local programs will be evaluated by September 30, 1987.

   B. Collaborate with Nutrition and Food Delivery sections to provide training for all new local agency staff.

      Completed. Two three-day training sessions were provided for new local program staff in October 1986 and April 1987. The format of the training sessions was standardized, modules for teaching Income Eligibility and Food Delivery were developed and a routine evaluation mechanism was implemented.

   C. Collaborate with the Vouchers section on the development of a statewide ID for participants and a demonstration project for a mail out voucher system.

      Completed. See part I.E, VOUCHERS, page 2.

   D. Collaborate with Systems and Fiscal to develop data reports to increase the efficiency of local program operations and aid their planning.

      Completed. Two reports have been developed for local program use:

      a) A report delineating each local program's distribution of nutritional risk priorities was revised and is now mailed monthly to each local program. These reports are used to monitor local program progress towards or maintenance of maximum numbers of high-risk participants.

      b) A simple report was developed which lists participants due for recertification, as follows:

         - o due for certification in the current month;
         - o certification due in the following month;
         - o certification past due by one, two or three months.

This report is distributed monthly with the vouchers. It is used by local program staff to write notification letters, schedule repeat certification appointments, identify participants who should not receive vouchers because they have not been recertified, and to identify recertified participants whose computer files have not been correctly updated.

2. To ensure efficient, effective delivery of benefits to participants.

   A. Develop and implement a statewide caseload management system which will project caseload trends, anticipate staffing needs, and provide appropriate information to local programs.

      In process. The state office has developed the various components of its statewide caseload management system.

      A new monthly computer-generated report, depicting each local program's active caseload and the corresponding percent of assigned caseload, is reviewed and analyzed for trends.

      Historical data on participation was evaluated and used to project FY 87 participation. Charts and graphs showing caseload activities were developed and used to denote progress towards the participant service goal. This system is being refined with the initiation of a manual count of participants which is expected to enhance our ability to monitor and project participation, as well as provide data for use in local program operations.

   B. Develop and implement guidelines for outreach to target high-risk women, infants and children.

      Ongoing. In August, 1986, each local program, with guidance and technical assistance from the State agency, developed and submitted a High-Risk Outreach Plan which targeted increased enrollment of high risk women and infants, with an emphasis on adolescents and ethnic minorities including Indians and recent refugees. Implementation of the plan has been on-going and evaluation occurred at the end of June 1987.

      FY 88 High-Risk Outreach Plans have been developed and submitted to the State agency with FY 88 Contract Renewal proposals. These plans were effective July 1, 1987 and progress will be evaluated in December, 1987 and June, 1988.

3. To ensure effective communication among local programs and between local programs and the state agency.

   A. Establish a Program Work Group of representatives from the local programs and the state agency to work on policy implementation issues pertinent to local program operations, such as a standardized "no-show" protocol.

Completed. The Program/Nutrition Work Group consisting of ten local program Program Directors and Senior Nutritionists and two State agency staff persons was established in July 1986 and has been meeting monthly. Local program policies and procedures which have been reviewed, revised, or developed include: enrollment of the homeless, extended certification period for infants, food package tailoring, residency verification, termination documentation, Competent Professional Authority qualifications, and local program management evaluation. Forms which have been revised include: a VOC/Interagency Transfer form, a combined Income Eligibility/Participant Rights and Responsibilities form, and notification letters.

B. Evaluate and revise communication systems presently in place to provide efficient information sharing.

Completed. Several activities were conducted to effect a greater degree of information sharing. Business meetings with local Program Directors and Senior Nutritionists were increased from quarterly to bi-monthly, work groups including state and local program staff met to work on several procedural matters, and state agency staff were invited to and attended meetings of the Massachusetts WIC Directors and WIC Nutritionists Associations to address issues of concern. A wide range of state and local agency representatives collaborated to develop a plan for the use of WIC expansion funds which were provided through the Massachusetts Legislature.

REVIEW OF FISCAL YEAR 1987 GOALS AND OBJECTIVES

NUTRITION

The primary Nutrition objectives for FY 87 were:

1. To establish special projects to promote positive changes in nutritional status of participants.

   A. Increase the incidence of breastfeeding among the postpartum breastfeeding WIC participants and increase the length of time they breastfeed.

      1) Implement prenatal group, individual and phone protocols in all local programs.

         In process. The three protocols were presented at the June 11, 1987 Nutritionist/Program Directors Business Meeting.

      2) Monitor breastfeeding rates on a statewide basis.

         Postponed pending changes to be implemented in FY 88 as a result of the Breastfeeding Study Evaluation.

   B. Ensure the provision of appropriate nutrition education to all participants.

      1) Monitor minority caseload by program to provide appropriate culturally specific information to each local program.

         Completed. Minority caseload was monitored at each program during the FY 87 site visit and recommendations were made based on this review. In addition, a Southeast Asian Evaluation was conducted and is in final draft form. The recommendations made as a result of the evaluation have been incorporated into Nutrition Goals and Objectives for FY 88.

      2) Monitor integration of SEA staff in local programs and provide technical assistance.

         Completed. Twelve site visits to provide technical assistance to the Nutrition Assistants were completed in FY 87. Cultural inservices were provided to three local WIC programs.

2. To institute systems changes to improve program efficiency.

   A. Collaborate with the EDP and Program sections to design and implement a new participant data collection system.

      Completed. Input form revisions have been completed and will be implemented during FY 87.

B. Collaborate with EDP and Food Delivery sections to design and implement a system for more individualized food packages.

In process. A new food package tailoring system was drafted and specific guidelines proposed. Pilot testing, training and implementation will take place at the end of FY 87 and the beginning of FY 88.

C. Collaborate with Fiscal and Food Delivery to develop system for reducing the food package cost for infant formula.

In process. A student intern has begun research on infant formula rebate methods. Resolution of all legal and purchasing issues related to this initiative and a proposed mechanism for implementation are expected to be presented to the WIC Director by September 30.

3. To provide ongoing technical assistance and training.

A. Evaluate local program operations to ensure efficiency and accuracy in certification procedures, participant access and provision of nutrition education.

In process. All local programs will be evaluated and technical assistance provided, in collaboration with program and food delivery sections, by September 30.

B. Collaborate with Program and Food Delivery sections to provide training for all new local agency staff.

Completed. Training for new local agency staff was held in October, 1986 and April, 1987.

C. Coordinate service delivery and inservice training for local nutrition staff with the MCH nutritionists and the Office of Nutrition.

Completed. One inservice for nutrition professional staff was conducted with MCH and the Office of Nutrition.

Other areas of work completed that were not included in FY 87 Goals and Objectives:

- o A second edition of the Prenatal Manual has been edited.
- o A Prenatal Vitamin/Mineral Supplement booklet was produced.
- o Instruction Guides for Assessment and Certification of prenatal women, postpartum women, infants and children were developed and distributed.
- o A policy for facilitating certification of homeless individuals was developed.
- o A WIC/MCH Coordination Survey was implemented and completed.
- o Nutrition questionnaires for children have been redrafted and are being tested at local programs.
- o A training module for nutrition paraprofessionals on Lead Poisoning and Prevention was developed.
- o Training modules for nutrition paraprofessionals on Calcium and Overweight Children were drafted and will be completed by the end of FY 87.
- o A policy on 10-month infant certification periods was developed.
- o A formal meeting schedule was set up between WIC and the Healthy Mothers/ Healthy Babies Coalition.

REVIEW OF FISCAL YEAR 1987 GOALS AND OBJECTIVES

FISCAL

The primary Fiscal objectives for FY 87 were:

1. To insure appropriate, accurate and timely funds disbursement and accounting for contracted services.

   A. Prepare weekly drawdowns for federal funds and monitor the transfer and deposit at the WIC bank from the State Treasurer and Receiver General.

      Ongoing. Drawdowns are prepared and monitored on a weekly basis.

   B. Prepare accurate 498 reports for timely submission which document monthly participation and food and administrative expenditures.

      Ongoing. The format for monthly reporting of food and administration outlays to USDA has been transferred to computer to facilitate timely, accurate transmission.

   C. Monitor standard property management/inventory procedures in all local agencies.

      In process. New state agency property management/inventory procedures will be in place by the end of FY 87. Monitoring of local agency procedures will begin after this is completed.

   D. Evaluate the feasibility of unit contracts for local WIC programs.

      Ongoing. The feasibility of unit contracts for local WIC programs was explored with the Massachusetts Rate Setting Commission, who agreed that WIC is a program that would convert well to this system. Crucial to this process, however, is the existence of at least two years solid data on the total cost of running a WIC program at the local agency level.

      Until FY 87, most WIC local agencies only retained financial data supporting reimbursement requests to the state agency, and not on the often significant support given by the umbrella agency. Any attempt to arrive at a unit rate must consider the total cost, and as a first step, the state agency required that full cost data be maintained as of July 1, 1986.

E. Initiate a Request for Proposal for the FY 88 bank contract.

In process. The previous RFP was brought up to date by incorporating new requirements, and a formal selection board chaired by the Assistant Director for Fiscal and Systems was convened. The final draft of the new RFP is currently under review by the Massachusetts Bureau of Systems Policy and Planning and is targeted to be released in late July. Until such time that an award is made, the contract with the current vendor will be continued.

2. To refine internal systems for recording and projecting State agency fiscal activities.

A. Conduct monthly analyses of expenditures and allocations and when appropriate make line item adjustments to the budget or modify operations accordingly.

Ongoing. Steps taken to computerize this monthly manual process have resulted in a more timely adjustment of line items and/or spending rates in a particular cost center. During most of FY 87, the computerized analysis and corresponding adjustments have been made quarterly but will be increased to monthly beginning on July 1, 1987.

B. Monitor property management/inventory control procedures at State agency.

See I.C, above.

C. Develop methodology for projecting and tracking food package costs.

In process. A microcomputer system to both project and track food costs has been designed and is currently under WIC management review. It is targeted for implementation on August 1, 1987.

D. Automate internal accounting systems.

In process. The design for this system in currently under WIC management review and is targeted for implementation on July 1, 1987.

3. To monitor food costs in conjunction with the nutrition component, to provide optimum nutritional benefits at a reasonable cost.

   A. Develop a plan to identify costs of food packages by priorities and categories.

      Completed. With reference to 2.C, above, a methodology to project food package costs has been designed to run on an IBM-AT. With data regarding utilization rates of food packages by the different priorities and categories, costs associated with a priority or category can be determined.

   B. Collaborate with the Program component to develop and implement a revised system of counting participation on a monthly basis by priority and target population.

      Partially completed. A system to assess monthly voucher create data by priority and target population is in place. Further work to count actual participation is in process.

   C. Collaborate with Nutrition and Food Delivery to develop a system for reducing the food package cost for infant formula.

      In process. An intern has been hired to work with Fiscal, Program and Food Delivery staff in determining how a competitive bid for formula rebate would be handled in Massachusetts, and to research the fiscal and legal implications.

4. To coordinate fiscal procedures with the accounting offices in DFHS and DPH.

   A. Evaluate existing procedures and revise protocol for monitoring fiscal transactions.

      Completed. Protocol for monitoring fiscal transactions was revised as a result of the implementation of a statewide Massachusetts Management, Accounting, and Reporting System (MMARS).

   B. Develop a fiscal control system which integrates applicable DPH fiscal procedures and state accounting requirements.

      Completed. WIC and DPH fiscal personnel collaborated on a fiscal control system consistent with MMARS.

   C. Revise appropriate internal and external reporting forms to assure that various levels of management and other government offices are kept up to date on the program's fiscal status.

      Completed.

REVIEW OF FY 87 GOALS AND OBJECTIVES

VOUCHERS

The primary objectives for the Vouchers component for FY 87 were:

1. To achieve more efficient processing of data, especially to diminish the time span between participant certification and receipt of computer-generated vouchers.

   A. Incorporate edits into keying of data.

      Revised. It was found that such incorporation would prevent WIC from gaining the cost savings of participating in a department-wide data entry contract. Therefore, as an alternative way to achieve faster input of data onto masterfiles, WIC now updates masterfiles twice a week instead of once a week. Edits will be incorporated into keying of data in the new WIC management information system.

   B. Lower input error rates by 25% overall.

      1) Develop system to determine and monitor error rates.

         Ongoing. Edit and reject listings are reviewed monthly. Error rates and types of errors have been determined for participant and voucher input, by local program and statewide.

      2) Provide technical assistance to local programs and make system improvements where possible, to lower error rates.

         Ongoing. Individual local programs have been contacted and given technical assistance regarding specific types of errors; all programs have been notified of statewide input error trends. The error rate will be examined for anticipated reduction at June, 1987 voucher production.

         Update, edit and reject reports were changed from once to twice weekly, to allow faster correction of errors and to reduce errors listed on monthly accountability reports.

2. To produce clearer and more useful weekly and monthly reports.

   A. Reformat reports as needed and as possible within limits of current EDP system.

      No reports were reformatted due to higher priorities of urgent systems maintenance and improvement needs. A multiple issuance report was produced, however, adding the fourth and final reconciliation report required for accountability purposes. In addition, wording on some reports was changed for greater clarity.

B. Provide more specific "flags" on reports.

In process. Flags are being revised as of voucher production on June 17, 1987.

3. To work with other components to improve WIC services.

A. Collaborate with Systems section in the design of new EDP system improvements and changes.

Ongoing. Food Delivery staff have worked extensively in this area, serving on the MIS Steering Committee and MIS Task Force, chairing and serving on the Fiscal/Voucher Subcommittee of the Task Force, and frequently consulting with Systems staff.

B. Collaborate with Nutrition and Fiscal sections on reduction of infant formula costs.

Ongoing. A consultant has been hired to coordinate this project, and Food Delivery staff are closely involved in this activity.

C. Collaborate with Nutrition and Systems sections on tailoring of food packages.

Ongoing. Food Delivery staff have participated in this project in a variety of ways, including planning of tailoring-related changes in the food delivery system, and reviews of overall tailoring plans.

D. Collaborate with Program section on the development of a statewide ID and proxy system for participants and a demonstration project on voucher mailing.

Both are in process. An ID card and detailed guidance on use of the card and of proxies have been developed. The projected start date for dissemination of ID cards to participants is October 1, 1987.

Voucher mailing procedures from other states have been solicited, received and compiled; a draft protocol for Massachusetts has been developed and a demonstration project at three local WIC programs will begin on July 1, 1987. (The demonstration project will be evaluated and statewide implementation will occur in FY 88.)

E. Collaborate with Program and Nutrition sections on site visits. Provide on-site technical assistance to ten local programs in addition to formal site visits.

Ongoing. Site visits to 34 local WIC programs will be completed by September 30, 1987. The major needs for special technical assistance have been met as of June, 1987. Seven local programs have been visited in order to provide individual technical assistance. One of these programs has been visited four times; another has been visited three times. At least three more technical assistance visits will be made.

REVIEW OF FY 87 GOALS AND OBJECTIVES

VENDORS

The primary objectives for the Vendors component for FY 87 were:

1. To improve screening and analysis of vouchers to detect abuse by food vendors.

   A. Record vendor number on all vouchers submitted for payment.

      Revised. Vendor numbers will be recorded for all vouchers paid in November, 1986 and July, 1987. It was found to be prohibitively expensive to record the vendor number for all vouchers on a monthly basis.

   B. Expand automated vendor information system (AVIS) to enable at least partial analysis of voucher prices in relation to quarterly price list data.

      Delayed, due to lack of vendor staff. Some planning completed; implementation will occur in FY 88.

   C. Expand manual investigation of vouchers in cases of suspected fraud.

      Ongoing. Extensive manual investigation of vouchers has been conducted by state staff, and is continuing. In addition, the voucher monitors have periodically been alerted to watch for possible fraud associated with specific vendor and program stamp numbers, and the results investigated by state staff as appropriate.

2. To monitor activities of the ten highest-risk vendors (as determined by ARVA voucher screening system) at least three times; sanction as necessary.

   The ARVA Program will be used three times to analyze FY 87 vouchers. Sanctioning, however, has been delayed due to lack of a Vendor Coordinator for five months of FY 87.

   A. Review existing vendor sanction procedure.

      Completed.

   B. Revise vendor sanction policy as needed including clarification of local and state agency roles.

      In process. The Vendor Sanction Policy is being expanded, especially in regard to warning procedures.

3. To ensure more thorough vendor training by developing more detailed guidelines and appropriate written materials for vendor training by local program staff.

   In process. Ideas for new training materials have been collected and reviewed; materials will be developed for use in September 1987.

REVIEW OF FISCAL YEAR 1987 GOALS AND OBJECTIVES

SYSTEMS

The primary Systems objectives for FY 87 were:

1. To resolve system deficiencies and begin development of a new and improved WIC management information system.

   A. Review proposals from ASI and BCS.

      Completed. Recommendations were made by the three subcommittees (Program and Nutrition, Fiscal and Vouchers, and Technical) of the MIS Task Force.

   B. Develop a work plan for short term initiatives.

      1) Design and process needed changes.

         Completed.

      2) Begin implementing changes.

         Completed.

   C. Conduct a feasibility cost analysis of long term options for major systems changes.

      In process. Preliminary work has been completed by the Technical Subcommittee, with further work being done by the MIS Project Director.

   D. Design and begin implementation of major improvements.

      In process. An MIS Project Director has been hired. User requirements are being further defined, after which a work plan for design and implementation will be constructed.

2. To reduce potential fraud, waste and abuse.

   A. Fully integrate ARVA operations.

      Completed. ARVA is now in place and running quarterly.

   B. Extend AVIS component of ARVA to analyze vendor data.

      Delayed, due to lack of vendor staff. Some planning completed; implementation will occur in FY 88.

C. Review security of WIC computer system.

Ongoing. Reviews are being conducted of all changes made by the state service bureau in WIC production.

D. Monitor newly contracted ancillary services.

Delayed, until FY 88 when the new contract will start.

E. Investigate linkage with other departmental data systems.

Ongoing. Work has begun on the first link (with Healthy Start); Further work will be part of the new MIS effort.

3. To collaborate with Food Delivery, Fiscal, Nutrition and Program sections on initiatives involving Systems.

A. Project monthly cost of food packages for the next twelve to eighteen months.

Completed. Method for projecting food package costs has been designed to forcast changes in food package composition, increased and decreased food prices, and variations in distribution of food package types.

B. Tailor food packages more specifically to individual participant needs.

In process. See part I.C, NUTRITION, #5.A.

C. Design and implement a participant data collection system.

Completed. See part I.B, PROGRAM, #10.

D. Develop and implement a new caseload monitoring and management system.

In process. A computerized system to analyze voucher create by program and by month was implemented to monitor trends and facilitate caseload reallocation. System for projecting participation was improved, and a manual count has been initiated.

FISCAL YEAR 1988 GOALS AND OBJECTIVES

INTRODUCTION

Massachusetts state WIC activities are defined in seven major areas: Administration and Management, Program, Nutrition, Fiscal, Vouchers, Vendors, and Systems. The box on the top of each section's Goals and Objectives identifies the primary focus of that section. The objectives for FY 88 support the focus of that section.

Massachusetts WIC's overall focus for FY 88 will be the stabilization of the program in order to maintain the level and cost-effectiveness of service. Services will be provided to the greatest number of eligible persons within the context of available funds. Initiatives will address projects begun in FY 86 and FY 87 and emphasize: 1) improving systems, 2) strengthening communication, 3) improving accountability and planning, and 4) establishing reciprocal referral mechanisms and other coordination strategies with human service programs.

The goal for FY 88 statewide participation will be approximately 70,100 individuals, to be jointly funded by federal funds and supplemental state funds. The breakdown is as follows:

- Services and benefits to 13,960 women, 17,450 infants, and 38,390 children
- Services and benefits to 47% of the eligible population based on a March, 1987 estimate of 148,059 eligibles.

This number includes approximately 57,500 participants to be served with federal funds. The federal caseload is based on the following assumptions:

- a 3.12% increase in the overall allocations for food and operations
- a 3.12% increase in cost of the average food package.

If either of these factors changes, an adjustment will be made in the number of participants to be served.

The major emphases for Massachusetts WIC in FY 88 will be to:

- Improve and standardize management systems throughout the program
- Ensure efficient, effective delivery of services and benefits to participants
- Ensure effective communication between participants, local WIC programs, interested citizens, and the state agency.

FISCAL YEAR 1988 GOALS AND OBJECTIVES

ADMINISTRATION AND MANAGEMENT

To provide leadership within the WIC system in order to maximize the effectiveness of the delivery of WIC services across Massachusetts.

The primary Administration and Management objectives for FY 88 are:

1. To provide WIC services to 70,100 participants in their communities across the state by the end of FY 88.

   A. Coordinate WIC outreach and referrals with other health and social services at the state and local level, particularly with regard to high priority, high risk participants.

   B. Monitor caseload activity and distribution among catchment areas.

   C. Provide technical assistance to local agencies on fiscal and contractual issues which affect the support of direct services and other local program operations.

2. To improve the efficiency, accountability and usefulness of the EDP system to enhance program management.

   A. Pursue development and implementation of changes in EDP system as recommended by the MIS Task Force.

   B. Continue maintenance of current EDP system with modifications as necessary and practical.

3. To assure the effective operation of the state agency staff.

   A. Continue promotion of collaboration and coordination among program components.

   B. Carry out performance evaluation for WIC staff and managers.

   C. Hire staff to fill funded vacancies.

4. To further strengthen communication with participants, local WIC programs and interested citizens.

   A. Enhance statewide WIC Advisory Council of citizens, participants, local program staff, and elected and appointed state officials to provide continued review, advice and advocacy.

   B. Maintain state agency internal meeting structure to facilitate regular flow of information and integration of program components.

   C. Continue working committees and regular business meetings to enhance input from and exchange of information with local programs.

FISCAL YEAR 1988 GOALS AND OBJECTIVES

PROGRAM

To assure appropriate, quality service to all participants based on federal regulation and state guidelines.

The primary Program objectives for FY 88 are:

1. To standardize efficient, effective local program operations.

   A. Collaborate with the Nutrition and Vouchers sections in evaluating all local programs to ensure efficiency and accuracy in eligibility determination and processing standards, and the provision of appropriate nutrition education, food vouchers, and referrals.

   B. Collaborate with the Nutrition and Vouchers sections to increase the frequency of training sessions for new local program staff.

   C. Revise the Procedure Manual as necessary to reflect new state agency policies and procedures designed to increase the effectiveness and efficiency of local program operations.

2. To maintain efficient, effective delivery of appropriate benefits to 70,100 participants.

   A. Monitor progress of FY 88 High-Risk Outreach Plan goals and objectives in December 1987, June 1988, and during management evaluations to ensure that local programs are targeting high-risk populations, with an emphasis on adolescents, minorities (including Indians), and recent immigrants.

   B. Coordinate outreach and referrals with other Maternal and Child Health programs servicing similar populations, particularly Healthy Start and Failure-to-Thrive, for early enrollment of prenatals and infants.

   C. Increase Department of Public Welfare referrals to WIC through regular mailings of WIC literature to targeted DPW recipients, specifically prenatals and caretakers of infants less than 9 months of age.

D. Develop and initiate, with the Department of Public Health's Office of Nutrition, coordinated outreach and referral activities with other federal and state nutrition and food assistance programs.

E. Monitor local program active caseload monthly to ensure maximum utilization of assigned caseload. Conduct appropriate follow-up, including mid-year reallocation of assigned caseload, if necessary.

F. Collaborate with the Fiscal section to develop and implement a revised system of counting participation on a monthly basis by priority and target population.

G. Collaborate with the Vouchers section to develop and implement a procedure for counting food voucher pick-up no-shows.

H. Collaborate with the Fiscal section to study the feasibility of converting WIC local agencies to unit contracts.

FISCAL YEAR 1988 GOALS AND OBJECTIVES

NUTRITION

To assure appropriate determination of nutritional risk, nutrition assessment, nutrition counseling and education to all WIC participants.

The primary Nutrition objectives for FY 88 are:

1. To maintain special projects established to promote positive changes in nutritional status of participants.

   A. Increase the incidence of breastfeeding among postpartum breastfeeding WIC participants and the length of time they breastfeed.

      1) Provide ongoing training and support to local programs in establishing and maintaining breastfeeding promotion activities.

      2) Establish a monitoring system to identify prenatal feeding choices and direct breastfeeding efforts at the population most in need of breastfeeding information.

      3) Complete and publish Breastfeeding Study Evaluation.

   B. Ensure the provision of appropriate nutrition education to all participants.

      1) Monitor minority caseload by program to provide appropriate culturally specific information and staffing recommendations to local programs.

      2) Monitor integration of SEA nutrition staff in local programs and provide technical assistance.

      3) Provide information and training to local programs concerning high risk immigrant groups in the WIC eligible population.

      4) Provide information on the benefits of early prenatal care to SEA participants through the SEA Nutrition Assistants, in order to increase early enrollment of SEA prenatal women in prenatal care and the WIC program.

5. Gather statewide figures on participation among the Haitian population. Provide cultural inservices and training on Haitian cultural food habits.

6. Increase the WIC program's ability to provide culturally appropriate nutrition education to high risk immigrant groups.

2. Increase incidence and quality of nutrition education contacts for each participant.

   A) Provide technical assistance to local programs regarding methods of scheduling and documenting secondary contacts for all participants.

   B) Provide a follow-up protocol to ensure three nutrition education contacts for each infant certified for a 10 month extended certification period.

   C) Increase the provision of educational materials and guidance to local programs choosing to implement secondary contact groups.

3. Increase number of CPA nutrition paraprofessionals within local programs.

   A) Provide standardized, statewide, competency-based protocol for training paraprofessionals as CPAs.

   B) Provide two nutrition paraprofessional inservices during FY 88.

   C) Collaborate with Nutrition and Vouchers sections to increase the frequency of training sessions for new local program staff.

   D) Develop continuing education training modules for paraprofessionals at local programs.

   E) Observe and evaluate competency of all local CPA paraprofessionals at the annual management evaluation.

4. Increase the quality of nutrition staff development.

   A) Develop a professional continuing education newsletter two times a year.

   B) Collaborate with the Fiscal, Vouchers and Program sections to analyze local staff salary survey and time studies and make recommendations for changing staffing patterns and job responsibilities of local nutrition staff.

   C) Provide outreach to assist local programs in hiring nutrition professionals.

5. Institute system changes to improve program efficiency.

   A) Implement a food tailoring system compatible with the existing EDP system to provide more individualized food packages.

      1) Test and implement a food tailoring system at local programs.

      2) Provide statewide training on the food tailoring system for each local program job category.

      3) Evaluate and modify implemented tailoring system for program efficiency.

   B) Collaborate with the Fiscal and Vouchers sections to institute a system for reducing the food package cost for infant formula.

   C) Develop three self-training modules for new local program nutrition staff to improve compliance scores for certification procedures.

   D) Ensure accurate collection of participant data.

      1) Collaborate with the Systems, Program, and Vouchers sections, and the Office of Nutrition, to revise input forms to include nutrition surveillance.

      2) Collaborate with Office of Nutrition and Maternal and Child Health to develop standard protocols for collecting anthropometric measurements.

   E) Improve coordination of service delivery and inservice training for local nutrition staff with the MCH nutritionist and Office of Nutrition.

      1) Field test models for coordination at local programs.

      2) Develop a referral protocol for WIC and MCH.

      3) Plan and implement joint inservices for MCH and WIC nutritionists.

   F) Collaborate with Program and Vouchers to complete local program monitoring and technical assistance in nutrition and nutrition education.

FISCAL YEAR 1988 GOALS AND OBJECTIVES

FISCAL

To ensure timely and accurate receipt, disbursement and accounting of all funds used to support WIC services throughout Massachusetts.

The primary Fiscal objectives for FY 88 are:

1. To insure appropriate, accurate and timely funds disbursement for contracted services.

   A. Prepare and monitor transfer of weekly drawdowns of federal funds.

   B. Prepare 498 reports for timely submission; modify computerized system as required.

   C. Complete standard property management/inventory procedures in local agencies.

   D. Begin a local agency workgroup to study the implications of converting WIC local agencies to unit contracts, and collaborate with DPH Central Contract and Rate Setting Commission staff on this issue.

   E. Negotiate and implement a bank contract based on the results of the Banking Service RFP.

   F. Initiate writing of fiscal operating procedures for contracted services which incorporate rules, regulations and requirements of USDA, the Commonwealth of Massachusetts, and the WIC Program.

2. To maintain and refine internal systems for recording and projecting state agency fiscal activities.

   A. Conduct monthly analyses of expenditures and allocations and, when appropriate, make line item adjustments to the budget or modify operations accordingly.

   B. Monitor property management/inventory control procedures at the state agency.

C. Monitor new system for projecting and tracking food package costs and modify as necessary.

D. Monitor new WIC automated accounting system and modify as necessary.

E. Initiate writing of operating procedures for WIC state agency fiscal activities.

3. To monitor food costs in conjunction with the Nutrition and Vouchers sections to provide optimal nutritional benefits at a reasonable cost.

A. Implement and monitor the automated system of food package cost identification by priority and category and modify as necessary.

B. Collaborate with the Program section to develop and implement a revised system of counting participation on a monthly basis by priority and target population.

C. Provide the Vouchers section with the highest possible prices for each voucher type to assist the bank in screening for overpriced vouchers.

4. To assess the results of the FY 87 local agency salary survey conducted by the Fiscal unit.

A. Collaborate with the Program and Vouchers sections to analyze the results of the local agency salary survey and the program and nutrition time study.

B. Make recommendations for changing staffing patterns and salary schedules at the local level.

FISCAL YEAR 1988 GOALS AND OBJECTIVES

VOUCHERS

To provide local programs with timely and accurate food vouchers and management reports for 70,100 participants, and to maintain accountability of vouchers.

The primary Vouchers objectives for FY 88 are:

1. To broaden accessibility of WIC services through the implementation of a statewide protocol for mailing vouchers to participants in hardship cases.

   A. Begin pilot project in July, 1987 with three local WIC programs.

   B. Evaluate project in April, 1988.

   C. Implement resulting protocol statewide by July, 1988.

2. To increase voucher accountability.

   A. Reduce total cash errors, participants not on masterfile, multiple issuance, and dual participation by 10% from July, 1987 to June, 1988.

   B. Implement a void verification procedure to verify the disposition of 3,500 vouchers per month, beginning October 1, 1987, and monitoring as needed.

   C. Ensure that all local programs identify and return undistributed vouchers weekly.

3. To collaborate with Systems staff in developing the new Management Information System to ensure streamlined data processing and more timely, accurate and comprehensive reports.

4. To conduct a feasibility study of bimonthly voucher distribution (every two months) in order to diminish barriers to participation and increase local program staff productivity.

FISCAL YEAR 1988 GOALS AND OBJECTIVES

VENDORS

To deliver food cost-effectively to WIC participants through well-enforced agreements with retail food stores, pharmacies and dairies.

The primary Vendors objectives for FY 88 are:

1. To increase communication with vendors.

   A. Consult with representatives of vendors such as the Massachusetts Food Association at least every two months to obtain 1) vendors' input on current procedures and new initiatives, and 2) any other suggestions from vendors about WIC operations.

   B. Make at least two contacts with each WIC vendor, by questionnaires, vendor visits and/or telephone calls, to determine existence of any problems from the vendor's perspective, and to follow up on problems as appropriate.

   C. Provide one additional contact, by visit or telephone, to each local WIC program director regarding vendor issues, in addition to reviewing vendor issues during the annual site visit.

2. To increase vendors' compliance with WIC requirements by investigating at least five high-risk vendors four times per year, and sanctioning as necessary.

3. To review the vendor system to determine areas where centralization could increase effectiveness and efficiency.

4. To implement systems for recording all funds saved by monitoring vouchers submitted for payment, and converting 50% of such funds to administration funds.

5. To expand the automated vendor information system (AVIS) to enable at least partial analysis of voucher prices in relation to quarterly price list data.

6. To review existing vendor application procedures to determine feasibility of multi-year contracts and master contracts for multiple-store vendors.

FISCAL YEAR 1988 GOALS AND OBJECTIVES

SYSTEMS

To provide timely and accurate data on WIC participants, vouchers and funds to facilitate management, accountability and planning.

The primary Systems objectives for FY 88 are:

1. To improve the quality and integrity of WIC data.

   A. Begin service provision with data entry vendor selected through a competitive bid process conducted in FY 87.

   B. Initiate use of revised participant, vendor and manual voucher input forms which maximize the use of critical fields.

   C. Refine the WIC system edit to reject input with errors in critical fields.

      1) Conduct a review of data in all fields and correct as needed.

      2) Review and rewrite edits in order to tighten up on data fields.

   D. Collaborate with Program and Nutrition on revising input forms to include nutrition surveillance.

2. To resolve system deficiencies and continue development of a new and improved WIC management information system in collaboration with the MIS Steering Committee.

   A. Continue to implement any short term changes which improve the current system and which can be implemented without major programming changes.

   B. Complete user requirement report to document needs for the new system.

   C. Develop a comprehensive work plan including the following:

      1) Overall system design

2) RFP and ADP Plan

3) Advantages of the new system including benefits to the state agency, advantages to to local agencies, and cost savings

4) Cost of new system; funding of new system; cost savings of new system

5) General flow of new system

6) Procedures for implementing new system including

   a) training of local and state agency staff

   b) developing Procedure and Training manuals

   c) developing programs to convert current files to new files

   d) developing parallel testing procedures

   e) developing control and security procedures

   f) developing overall stragegy for implementing system

7) Procedures for system selection

   a) developing a selection board

   b) developing evaluation criteria

8) Definitions for

   a) input forms for local and state agencies

   b) user report requirements

   c) input and output screen layouts

   d) file layouts of participant file, vendor file and voucher file, and data fields and characteristics of the data fields

3. To collaborate with the Vouchers, Fiscal, Program and Nutrition sections on initiatives involving Systems.

   A. Monitor system to project food package costs and modify as necessary.

   B. Implement use of system designed to project and monitor food cost changes associated with tailoring.

   C. Refine caseload monitoring and management system.

MASSACHUSETTS

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN

(WIC PROGRAM)

FISCAL YEAR 1988

STATE PLAN

SECTION 2: PROCEDURE MANUAL

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Massachusetts WIC Program

PROCEDURE MANUAL

THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health, Division of Family Health Services
Maternal and Child Health

STATE PLAN

Section 2: Procedure Manual

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THE STATE PLAN

THE STATE PLAN IS THE COMPLETE PLAN OF OPERATIONS FOR THE MASSACHUSETTS WIC PROGRAM AT THE STATE AND LOCAL LEVELS. IT HAS THREE MAJOR SECTIONS:

1. STATE AGENCY GOALS AND OBJECTIVES
2. PROCEDURE MANUAL
3. STATE AGENCY OPERATIONS

KEEP YOUR STATE PLAN UPDATED AS DIRECTED BY THE STATE AGENCY.

KEEP YOUR STATE PLAN READILY ACCESSIBLE FOR USE BY ALL YOUR STAFF.

USING THE TABLE OF CONTENTS

Each section of the State Plan is listed in the Table of Contents. All numbers and letters identifying the section in the Table of Contents are repeated on the top right corner of the corresponding page(s) in the text.

For example, if you want to find the Mandatory Minimum for food vendors, look it up in the Table of Contents and note all the numbers and letters which identify it:

V. FOOD DELIVERY

B. Vendor System

4. Vendor Selection

b. The Mandatory Minimum

Then in the text, find the page labeled:

PART V: FOOD DELIVERY
SECTION B.4b
PAGE: 1
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Each page label lists the date that the page was last amended. The Date of last revision date in the Table of Contents tells you the amendment date of the most recently amended page in the section.

UPDATING THE STATE PLAN

Frequently, the state WIC office will send out policy changes in the form of a State Plan amendment, with a revised Table of Contents page. Make sure you insert these updates into your Procedure Manual promptly so it will always be up to date. Make a copy of the update for each Procedure Manual at each of your sites.

SECTION 1: STATE AGENCY GOALS AND OBJECTIVES

SECTION 1 OF THE STATE PLAN DETAILS THE STATE AGENCY'S GOALS AND OBJECTIVES FOR THE COMING FISCAL YEAR FOR EACH COMPONENT: NUTRITION, PROGRAM, FISCAL, VOUCHERS, VENDORS, AND SYSTEMS.

SECTION 1 ALSO REVIEWS THE STATE AGENCY'S GOALS AND OBJECTIVES FOR THE PREVIOUS YEAR.

Public Hearings are held each year to give interested persons an opportunity to comment on the State Plan, especially the state agency's goals and objectives.

SECTION 2: THE PROCEDURE MANUAL

THE PROCEDURE MANUAL DETAILS THE POLICIES AND PROCEDURES INVOLVED IN THE SUCCESSFUL OPERATION OF A LOCAL WIC PROGRAM.

The Procedure Manual is a reference document which details the federal regulations and state requirements for running a local WIC program. Use it to determine the requirements and to develop procedures for ensuring your program's compliance with them.

STRUCTURE OF THE PROCEDURE MANUAL

I. THE STATE PLAN Explains the State Plan and defines the terms used in it.

II. THE STATE WIC OFFICE Outlines the purpose, components and staff of the state WIC office.

III. PROGRAM DEVELOPMENT Details procedures for setting up a local WIC program and describes the local program's relationships with its sponsoring agency and its community. Sections include:

- Outreach
- Relationships with Health Care Providers
- Civil Rights
- Sites
- Staff Training
- Equipment and Services

IV. PROGRAM ADMINISTRATION Outlines the step-by-step process for running a local WIC program. Sections include:

- Nutrition Care Plan
- Referrals
- Services to Special Needs Populations
- Notification Requirements
- Terminations

V. FOOD DELIVERY Detailed instructions for operating the voucher system and for managing WIC vendors. Sections include:

- The WIC Food Voucher
- Maintaining the Participant Masterfile
- Resolving Problems Identified in Voucher Reconciliation
- Vendor Selection
- Routine Vendor Monitoring

Although the Procedure Manual is part of the State Plan, it is also a separate document that stands on its own. You may request as many copies of the Procedure Manual as you need for your staff and sites.

FORMAT OF PROCEDURE MANUAL SECTIONS

The Procedure Manual is set up as an expanded outline, and is organized to provide you with step-by-step guidance for administering your WIC program.

Each section begins with a summary, surrounded by a box. THE INSTRUCTIONS IN THE BOXES ARE MANDATORY; THEY ARE THE BASIC RULES FOR RUNNING A LOCAL WIC PROGRAM.

The text below the boxes explains and expands on the information in the boxes, and often provides suggestions from which you can choose. Options are generally indicated with dashes or dots, while requirements are listed by number.

Use the Procedure Manual frequently. The state agency updates it often so that you will always have up-to-the-minute information on federal regulations, state requirements, and the many options you have for implementing them.

SUPPLEMENTAL MATERIAL

The following supplemental materials are produced by the state WIC office for use in conjunction with the State Plan:

- Program List Information about each local WIC program in Massachusetts, including addresses, sites, site hours, and staff.
- State Office Staff Who's Who Titles and job descriptions for all state agency staff.
- Formulas Available From the Massachusetts WIC Program Nutritional information about all formulas available.

- Instruction Guides for Assessment and Certification Detailed instructions for using the assessment and certification forms for pregnant women, postpartum women, infants and children.

- E.M.P.O.W.E.R. Instructions for evaluating nutrition education materials.

- Originals Packet Listings of all forms and form letters local programs are required to use, and clean "original" copies of materials not printed in bulk by the state WIC office.

- Guidelines for Instituting and Conducting Breastfeeding Promotion Contacts Detailed instructions for breastfeeding support.

- Training Modules for Nutrition Paraprofessionals

    - Children on the Bottle
    - Iron Deficiency
    - Lead Poisoning and Prevention
    - Overweight Kids

SECTION 3: STATE AGENCY OPERATIONS

THE STATE AGENCY OPERATIONS SECTION OF THE STATE PLAN OUTLINES PROCEDURES USED BY THE STATE WIC OFFICE TO ADMINISTER THE WIC PROGRAM IN MASSACHUSETTS.

DEFINITIONS

REFER TO THE LIST BELOW FOR DEFINITIONS OF MOST TERMS USED IN THE STATE PLAN.

FOR DEFINITIONS OF TERMS RELATED TO THE COMPUTER SYSTEM, SEE THE GLOSSARY SECTION OF THE VOUCHER SYSTEM MANUAL (PART V.A OF THIS PROCEDURE MANUAL).

Active caseload: the number of women, infants and children eligible to receive vouchers each month from a local program.

Affirmative action plan: the formal plan developed by the state WIC office to determine allocation of WIC funds according to need.

Applicant: person applying for WIC benefits.

Assigned caseload: the number of participants to be served by a local WIC program, designated by the state WIC office.

Breastfeeding woman: a woman up to one year postpartum who is breastfeeding her infant.

Catchment area: the geographic area served by a local WIC program.

Certification: the use of criteria and procedures to assess and document each applicant's eligibility for the WIC Program.

Children: persons who have had their first birthday but have not yet attained their fifth birthday.

Competent professional authority (CPA): individuals who determine nutritional risk and prescribe WIC supplemental foods as outlined in the Federal regulations. In Massachusetts, senior and program nutritionists and nutritionist/directors are CPAs. Nutrition paraprofessionals may become CPAs with authorization from the State Nutrition Coordinator.

Days: calendar days except for those time standards which specify working days.

Department: the Massachusetts Department of Public Health (DPH).

Disqualification: the act of ending the participation of an authorized WIC vendor or authorized local WIC agency, whether as a punitive sanction or for administrative reasons.

Division: the Division of Family Health Services (DFHS) within the Massachusetts Department of Public Health.

District Health Office (DHO): the office representing the Massachusetts Department of Public Health, Division of Family Health Services in each geographic region.

Dual participation: participation in more than one local WIC program and receiving benefits from each.

Federal regulations: rules governing WIC issued by the U.S. Department of Agriculture.

Fetal mortality: death occurring between 20 weeks gestation and birth.

Federal fiscal year: the period of 12 calendar months beginning October 1 of any calendar year and ending September 30 of the following calendar year.

FNS: the Food and Nutrition Service of the U.S. Department of Agriculture.

Food delivery system: the method used by the WIC Program to provide WIC supplemental foods to participants.

FTE: Full Time Equivalency, or the decimal indicating the percentage of full time employment an employee works on an annual basis. A full time employee works 1 FTE; a person working 10 hours in a 40 work week works 10/40 or .25 FTE.

Health care: ongoing, routine pediatric and obstetric services.

Income poverty guidelines: income poverty guides as adjusted annually by the federal Office of Management and Budget.

Infants: persons under one year of age.

Infant of a high risk mother: an infant up to six months of age born to a woman who was at nutritional risk during pregnancy but was not enrolled in WIC.

Local agency (LA): a public health or human service agency or a private, non-profit health or human service agency which provides health services, either directly or through contract in accordance with the Federal regulations. Generally used to refer to those agencies providing local WIC services through contract with the Department of Public Health.

Local WIC program: the programmatic unit within a local agency that directly provides WIC services to WIC participants.

Low birth weight: birth weight under 2500 grams or under 5 lbs., 8 oz.

Migrant farmworker: an individual whose principal employment is in agriculture on a seasonal basis who has been employed within the last 24 months and who establishes, for the purposes of such employment, a temporary abode.

Monthly participation: total number of women, infants and children picking up vouchers, based on the voucher issue month.

NERO: the New England Regional Office of the U.S. Department of Agriculture.

Needs assessment: a computer-generated ranking by relative need of Massachusetts cities and towns based on economic and health indicators.

Non-profit agency: a private agency which is exempt from income tax under the Internal Revenue Code of 1954, as amended.

Nutrition education: individual or group educational sessions and the provision of information and education materials designed to improve health status, achieve positive changes in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences.

Nutritional risk: (1) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (2) other documented nutritionally related medical conditions; (3) dietary deficiencies that impair or endanger health; or (4) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

Participant: a pregnant woman, breastfeeding woman, postpartum woman, infant or child who has been certified by the WIC Program and is receiving vouchers for WIC supplemental foods.

Participation: the number of persons who have received food vouchers during the reporting period.

Pharmacy: a retail vendor of infant formula that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC infant formulas to WIC participants.

Postpartum woman: a woman up to six months after termination of pregnancy.

Pregnant woman: a woman determined to have one or more embryos or fetuses in utero.

Priorities: the order in which the local program fills vacancies after it has reached caseload.

Program: the Special Supplemental Food Program for Women, Infants, and Children (WIC).

Repeat certification: the use of criteria and procedures to assess and document a participant's continued eligibility for the WIC Program immediately following a complete WIC certification period.

Respondent: respondent to the request for proposals (RFP).

RFP: a formal request for proposals issued by the Massachusetts Department of Public Health, Division of Family Health Services to solicit applications from local agencies to provide WIC services.

Site(s): the location(s) where WIC services are provided to participants.

State: the Commonwealth of Massachusetts.

State fiscal year: the period of 12 calendar months begining July 1 of any calendar year and ending June 30 of the following calendar year.

State WIC office: the unit within the Department of Public Health, Division of Family Health Services which administers WIC functions throughout the State.

Termination: the act of ending the participation of a WIC participant, whether for administrative reasons or as a punitive sanction.

USDA: the United States Department of Agriculture.

Vendor - a retail food outlet or pharmacy that has a formal agreement with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

Voucher system: a centralized computer system operated by the state WIC office which produces food vouchers for all program participants and management reports for use by local WIC programs and the state WIC office.

Waiting list: a list of women, infants and children who apply for WIC but cannot be assessed to determine eligibility because the local WIC program has reached its assigned caseload.

WIC: the Special Supplemental Food Program for Women, Infants and Children.

WIC benefits: nutrition education and counseling, supplemental foods and health care referrals.

WIC infant: an infant up to six months of age born to a woman who participated in the WIC Program while pregnant.

WIC vendor: a retail food outlet or pharmacy that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

THE STATE WIC OFFICE

THE STATE WIC OFFICE IS PART OF THE MATERNAL AND CHILD HEALTH SECTION OF THE DIVISION OF FAMILY HEALTH SERVICES WITHIN THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.

THE STATE WIC OFFICE ADMINISTERS THE FUNDS GIVEN BY THE UNITED STATES DEPARTMENT OF AGRICULTURE AND THE MASSACHUSETTS LEGISLATURE TO THE DEPARTMENT OF PUBLIC HEALTH FOR RUNNING THE WIC PROGRAM.

The state WIC office is the administrative unit which supervises the provision of WIC services to participants throughout Massachusetts.

The state WIC office provides guidance, technical assistance and training to local agency staff and to local WIC program personnel for the successful administration of a local WIC program. The state WIC office also monitors local WIC program performance on an annual basis.

THE COMPONENTS OF THE STATE WIC OFFICE

UNDER THE ADMINISTRATIVE OVERSIGHT OF THE STATE WIC DIRECTOR, THE STATE WIC OFFICE HAS THREE PRIMARY SECTIONS:

1. PROGRAM AND NUTRITION
2. FISCAL AND SYSTEMS
3. FOOD DELIVERY

** The Assistant Director for Program and Nutrition oversees:

- o Maintenance of professional standards for all nutrition activity
- o Development and provision of resources for nutrition education
- o Caseload management
- o Ongoing technical assistance and training to local staff

** The Assistant Director for Fiscal and Systems oversees:

- o Contracting and billing with/from local agencies
- o Cash receipts and disbursements of dollars for food for participants
- o Operations of all electronic data processing and procedures

** The Assistant Director for Food Delivery oversees:

- o Production of food vouchers for each participant
- o Contracting standards for all vendors
- o Monitoring of all vendor redemption patterns

See Section 3 of the State Plan for an organizational chart of the state WIC office staff.

STATE WIC OFFICE STAFF

THE "STATE OFFICE STAFF WHO'S WHO" PROVIDES YOU WITH BRIEF JOB DESCRIPTIONS FOR ALL STATE WIC STAFF TO ENABLE YOU TO ADDRESS QUESTIONS AND REQUESTS TO THE APPROPRIATE STATE STAFF MEMBER.

THIS LISTING IS UPDATED ON A REGULAR BASIS AND SENT DIRECTLY TO YOU.

LOCAL AGENCY RELATIONSHIP WITH STATE AGENCY

THE STATE WIC OFFICE CONTRACTS WITH LOCAL AGENCIES TO RUN LOCAL WIC PROGRAMS.

THE LOCAL AGENCY IS RESPONSIBLE FOR ENSURING THAT THE LOCAL WIC PROGRAM IS WELL-MANAGED.

Your WIC Program may be located in a hospital, health center, community action agency or other non-profit health or human service agency.

To effectively manage the WIC program, your host agency must be able to comply with all the fiscal and operational requirements of running a WIC Program as prescribed by the state WIC office, including:

- having a competent professional authority on staff
- Making appropriate health services available to participants and/or informing them of other health and social services available
- Providing the state WIC office with all required information regarding fiscal and program administration
- Maintaining complete, accurate, documented and current accounting of all program funds received and expended.

LOCAL AGENCY RELATIONSHIP WITH LOCAL PROGRAM

YOUR LOCAL WIC PROGRAM IS AN ADMINISTRATIVE UNIT OF YOUR LOCAL AGENCY.

THE STATE WIC OFFICE DOES NOT ADMINISTER LOCAL WIC PROGRAMS.

The local agency runs the local WIC program, hires WIC staff, and provides ongoing administrative support. Both the local agency and the local program receive ongoing guidance, technical assistance and training from the state WIC office so that all Massachusetts WIC participants receive comparable, consistent, and high quality care.

The local agency is responsible for ensuring that the local program:

- has the ability to perform certification procedures
- provides nutrition education services to participants
- operates the food delivery system as prescribed by the state WIC office
- maintains on file all criteria used for certification and has them available for review, audit or evaluation
- keeps the skills and knowledge of its staff current by requiring attendance at state-sponsored meetings, new staff trainings and inservices.
- has a Competent Professional Authority on staff
- keeps the focus of program operations on participant need
- maximizes the time devoted to participant certification and education
- designs all program activities to best serve participants.

Your local agency is required to designate an administrative person responsible for the WIC program. Generally this person is the direct supervisor of the local WIC program director and works with her/him to integrate the WIC program into local agency operations.

LOCAL PROGRAM RELATIONSHIP TO ITS COMMUNITY

MAKE EVERY EFFORT TO BECOME AN INTRINSIC PART OF THE COMMUNITY YOU SERVE.

ESTABLISHING COMMUNITY RELATIONSHIPS

- Provide your community with notices about WIC eligibility and availability.
- Identify and provide services to your community's WIC-eligible population.
- Create referral/outreach networks with other agencies.
- Participate in major community meetings, health fairs, community events, etc.
- Establish strong relationships with health care providers in your community.

OUTREACH

OUTREACH IS THE WAY IN WHICH YOU EDUCATE YOUR COMMUNITY ABOUT THE WIC PROGRAM.

TARGET YOUR OUTREACH EFFORTS TO IDENTIFY HIGH RISK WOMEN, INFANTS, AND CHILDREN WHO MIGHT BE ELIGIBLE FOR THE WIC PROGRAM, ESPECIALLY PRENATAL WOMEN IN THEIR FIRST TRIMESTER.

Effective outreach ensures that as many people as possible know about the WIC Program and the kinds of services that the WIC Program offers.

There is no one single way to conduct outreach in your community. Use your knowledge of the area to determine the most effective means of reaching as many people as possible. Some possibilities:

- Send WIC information pamphlets and medical referral forms to a variety of agencies throughout your catchment area, especially physicians and agencies serving WIC-eligible populations.
- Invite representatives from different agencies and services to a WIC "open house" where you give a presentation on the WIC Program. Use the slide show produced by the state WIC office to explain WIC eligibility and benefits.
- Send a newsletter to agencies throughout your catchment area, providing updates on the status of your local WIC program.
- Discuss WIC on a radio program or place a PSA on a radio or TV station
- Write an article on WIC for another human service agency's newsletter, or make a presentation at their inservice or staff meeting
- Show the WIC slide show to church groups
- Participate in health fairs
- Follow any written correspondence with a phone call or a visit, making personal contact with key people working for other agencies, services or programs, such as:
  - -- Hospital prenatal clinics, maternity wards, social service departments, pregnancy and/or childbirth classes, teen pregnancy classes, failure-to-thrive clinics and well-baby clinics
  - -- MDs, especially OB/GYN and pediatric physicians

-- MCH nurses and nutritionists, EFNEP
-- Healthy Start, Project Good Start, Project Good Health
-- Food Stamp, AFDC and Medicaid offices
-- Community health centers/clinics/HMOs
-- Local DPW and DSS offices
-- Women's health care organizations, family planning clinics
-- Healthy Mothers/Healthy Babies Coalition
-- Social service agencies, CAP agencies
-- Regional and local prenatal/perinatal coalitions
-- Teen drop-in centers, teen clubs, high schools
-- Agencies serving ethnic groups
-- Community centers, service organizations
-- Churches and other religious organizations
-- Employment agencies, unemployment offices, social security offices
-- Food pantries, community soup kitchens, emergency shelters
-- Surplus food distribution centers
-- Drug and alcohol treatment centers, halfway houses
-- Day care centers, Head Start
-- Lead poisoning prevention programs
-- Nurse practitioners, nurse midwives
-- Public Housing Authorities
-- Public Health nurses, Visiting Nurse Associations
-- City Hall
-- Local Office for Children
-- Women's Centers
-- Schools, adult education centers
-- The Salvation Army

The following materials are available from the state WIC office to assist you with outreach:

- Several brochures and pamphlets with basic information about the WIC Program
- Posters for placement in WIC vendors' store windows.
- A 20-minute slideshow for potential referrent agencies.
- An 11 x 17 poster outlining program benefits, with a space for the local program name, telephone number and address.
- "Tell a Friend About WIC" handouts for current participants.

The statewide toll-free telephone hotline is staffed from 8:00 a.m. to 5:00 p.m. Monday through Friday for citizens, WIC participants and potential WIC participants to call for information on eligibility and local program information. Make sure that all outreach materials you produce have the hotline number on them.

RELATIONSHIPS WITH HEALTH CARE PROVIDERS

DEVELOP STRONG RELATIONSHIPS BETWEEN YOUR PROGRAM AND LOCAL HEALTH CARE PROVIDERS.

Nutrition Education

WIC participant's eating and feeding decisions are greatly influenced by their health care providers. To successfully promote optimal nutrition habits among participants, make every effort to integrate education efforts with those of the participants' physicians and nurses. Coordinating nutrition education efforts with health care providers reinforces the information each provides to participants and ensures that women receive education and support as often as possible, especially at crucial growth periods for themselves and their children.

- Inform health care providers about the role WIC plays in providing nutrition education to pregnant and breastfeeding women, infants and children

- Encourage providers to use WIC as a resource for nutrition education and provide them with current, accurate nutrition information

Referrals

Developing strong relationships with health care providers helps to ensure referrals to your program. Especially stress the importance of referring prenatal women early in their pregnancy.

See the BREASTFEEDING PROMOTION AND SUPPORT section of this Procedure Manual for information on helping providers to support breastfeeding.

CIVIL RIGHTS

THE WIC PROGRAM IS AN EQUAL OPPORTUNITY PROGRAM. PROVIDE WIC BENEFITS TO PARTICIPANTS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP.

You are responsible for ensuring that your program does not discriminate against applicants or participants because of their race, color, national origin, age, sex, or handicap. Use the following checklist to ensure that participants are treated in a non-discriminatory manner:

1) Include the USDA non-discrimination clause on all printed materials containing information about WIC benefits and eligibility which you distribute to applicants and participants. Copies of this statement in all languages are provided to you in the "Originals" packet of WIC forms and form letters.

2) Display the "...And Justice for All" poster prominently at all WIC sites.

3) Serve applicants according to WIC Program regulations on a first-come, first-served basis, if you do not have a waiting list. Determine if the system your program uses is adversely affecting minority participation.

4) Provide/read the Rights and Responsibilities form to participants in their native language.

5) Make reasonable efforts to provide bilingual/bicultural WIC services and materials to applicants and participants who cannot communicate in English.

6) Extend outreach efforts to include minority groups.

7) Make sure each participant input form is coded by racial/ethnic group as required by Federal regulation. Keep this information on file for 7 years.

8) Make sure that your program's participation reflects the ethnic/racial composition of your catchment area.

9) Make sure that your program staff reflects the ethnic/racial composition of your catchment area.

10) Provide civil rights training for your staff. Consult the state WIC office for technical assistance.

11) Inform applicants and participants of their right to file a civil rights complaint. They may direct complaints of discrimination to:

Secretary of Agriculture
Washington, DC 20250

OR

Director, Civil Rights Division
USDA/Food and Nutrition Service
Alexandria, VA 22302

and send a copy of their letter to the state WIC office.

See the NON-DISCRIMINATION (CIVIL RIGHTS STATEMENT) section of this Procedure Manual.

BARRIERS TO SERVICE

A LOCAL PROGRAM MUST IDENTIFY BARRIERS ENCOUNTERED BY THEIR COMMUNITY WHICH COULD INTERFERE WITH ACCESSIBILITY TO THE WIC PROGRAM, AND DEVELOP CREATIVE SOLUTIONS TO EFFECTIVELY ALLEVIATE THEM.

The chart below outlines some barriers to service and possible solutions.

POTENTIAL BARRIERS	OPTIONS FOR SOLUTIONS:
Inadequate access for physically or visually impaired persons	o home visits o use of telephone o proxies o volunteer arrangements with other community groups offering services to this population o use of sign-language interpreter
Language difficulties	o use of translated materials o use of interpreters o bilingual/bicultural staff o networking with community groups offering services to ethnic populations
Transportation problems	o use of transportation services other than standard public transportation which may be underutilized and willing to provide assistance, such as elderly and handicapped transportation services. o variations in site locations.
Homeless applicant with no address, income documentation or cooking/ food storage facilities	o use of address of shelter, friend, or WIC program o use of self-declaration of income o tailoring the food package (e.g., evaporated milk, ready-to-feed formula)

SITES

PROVIDE REASONABLE ACCESS TO THE WIC PROGRAM FOR PEOPLE WHO LIVE IN YOUR CATCHMENT AREA.

PROVIDE SERVICES TO ANY AND ALL ELIGIBLE PARTICIPANTS WHO WISH TO RECEIVE SERVICES AT A PARTICULAR SITE.

OBTAIN APPROVAL FROM THE STATE WIC OFFICE BEFORE OPENING A SITE.

MAKE AT LEAST ONE OF YOUR SITES WHEELCHAIR ACCESSIBLE.

You are responsible for providing adequate coverage of your catchment area. You may need more than one site in order to provide reasonable access to WIC services for people in your catchment area.

REASONABLE ACCESS

Try to make sites accessible to everyone interested in applying to your program. At least one site must be wheelchair accessible; evaluate all your program sites annually with regard to handicap accessibility and requirements.

Program sites can take a variety of forms and serve a variety of functions:

- Some programs have WIC sites that they use only for voucher distribution
- Some programs have WIC sites that they use only for certification appointments
- Some programs have WIC sites that they use for all WIC services
- Some programs have more than one site in one city or town
- Some programs have sites in different towns
- Some programs have permanent sites, each with their own WIC staff
- Some programs have the WIC staff travel to different sites at different times

EVALUATING THE NEED FOR SITES

Your decision on whether to open a site depends upon:

- Determination of Need
  - o Your perceived participant need for alternative site locations
  - o Your access to your highest risk participants
  - o The adequacy of the space available at each site
  - o The adequacy of public transportation services to existing sites.
- Feasibility
  - o The type of agencies in your community that would be available to host a WIC site
  - o The support and cooperation of the host agency's administration
  - o The availablity of your WIC staff to administer multiple sites
  - o The availability of funds to cover the cost of running a site

EXTENDING EXISTING SITE SERVICES

If it is unfeasible to open a new site, consider extending hours and/or services at an existing site to resolve problems concerning space, staff, etc.

SITE APPROVAL

In order to obtain approval from the state WIC office to open a site:

1. Consider the factors outlined above.
2. Call the state WIC office to discuss the development of the site.
3. Initiate actions in the community to find an appropriate site location.
4. Obtain written approval from the state WIC office to open the site.

STAFF

YOUR PROGRAM IS RESPONSIBLE FOR HIRING ITS OWN STAFF, WITH TECHNICAL ASSISTANCE PROVIDED BY THE STATE WIC OFFICE.

STAFFING PATTERNS

EACH LOCAL PROGRAM DESIGNS ITS OWN STAFFING PATTERN. DESIGN A STAFFING PATTERN THAT ENSURES THE HIGHEST QUALITY OF SERVICE TO YOUR WIC PARTICIPANTS.

HAVE AT LEAST ONE "COMPETENT PROFESSIONAL AUTHORITY" TO PROVIDE NUTRITION SERVICES.

HAVE YOUR STAFFING PATTERN APPROVED BY THE STATE WIC OFFICE.

Since WIC combines nutrition services with food delivery services, your staff must be able to respond to both nutrition and administrative service needs.

You must have a program director, a senior nutritionist to provide leadership in nutrition services, and competent administrative personnel. If possible, you should have both nutrition and administrative staff who are fluent in the languages used by your participants.

If your program primarily serves rural areas, staff should be at the approximate ratio of 1 FTE staff person to 200-240 participants; if primarily serving urban areas, the ratio should be at 1 to 240-275.

Suggested staffing patterns for a caseload of 2000 participants are:

1	FTE Program Director	1	FTE Nutritionist/Director
1	FTE Senior Nutritionist	1	FTE Senior Nutritionist
1	FTE Program Nutritionist	1	FTE Program Nutritionist
2.5	FTE Nutrition Assistants	3	FTE Nutrition Assistant
2.5	FTE Program Assistants	2	FTE Program Assistants

JOB DESCRIPTIONS AND FUNCTIONS

THE JOB RESPONSIBILITIES AND QUALIFICATIONS FOR ALL WIC POSITIONS ARE LISTED BELOW.

YOU MAY CHOOSE TO HIRE SOMEONE WITH LESS THAN THE STATED JOB QUALIFICATIONS IF THE CANDIDATE HAS DEMONSTRATED OUTSTANDING COMPETENCE IN THE ASSIGNED AREAS OF JOB RESPONSIBILITY.

TO HIRE SOMEONE WITH LESS THAN THE STATED JOB QUALIFICATIONS, OBTAIN PRIOR APPROVAL FROM THE STATE WIC OFFICE.

NUTRITIONIST/DIRECTOR

Responsible for the overall management of the program, combining the administrative and nutrition components.

Responsibilities

1. Plans and evaluates program operations.
2. Manages the fiscal and personnel components of the program.
3. Supervises the food delivery system, including overall management of the voucher system and vendor selection, training and monitoring.
4. Supervises delivery of nutrition services; assists in nutrition activities in conjunction with the Nutritionist.
5. Acts as liaison with the sponsoring agency and with administrative and fiscal staff at the state WIC office.
6. Acts as liaison between the program and the community in conjunction with the Nutritionist.

Qualifications

1. One year's experience in program delivery or administration, supervisory experience preferable.
2. Bachelor's degree in Nutrition, Food and Nutrition, or Home Economics; Master's degree preferred, may be substituted for work experience; R.D. desirable.
3. Demonstrated leadership and decision making capabilities.
4. Sensitivity to the needs of the client population.
5. Interest and expertise in maternal and child health.
6. Ability to articulate program goals and policies to participants, health providers and community agencies.
7. Ability to work well with management information systems.

Recommended minimum starting salary: $16,500 - $18,500

PROGRAM DIRECTOR

Responsible for the overall management of the program.

Responsibilities

1. Plans and evaluates program operations.
2. Manages the fiscal and personnel components of the program
3. Supervises the food delivery system, including overall management of the voucher system and vendor selection, training and monitoring.
4. Acts as liaison with the sponsoring agency and with administrative and fiscal staff at the State WIC Office.
5. Acts as liaison between the local WIC program and the community, in conjunction with the Nutritionist.

Qualifications

1. One year's experience in program administration; supervisory experience preferable.
2. Bachelor's degree; may substitute Master's degree in relevant field for work experience.
3. Demonstrated leadership and decision-making capabilities.
4. Sensitivity to the needs of the client population.
5. Interest in nutrition and in maternal and child health.
6. Ability to articulate program goals and policies to participants, health care providers and community agencies.
7. Ability to work well with management information systems

Recommended minimum starting salary: $16,500 - $18,500

SENIOR NUTRITIONIST

Responsible for the administration of the clinical and health care aspects of the program under the supervision of the Program Director.

Responsibilities

1. Supervises delivery of nutrition services including: certification, assessment, care plans and nutrition education.
2. Develops nutrition policy for the local program based on State WIC guidelines and recommendations.
3. Supervises nutrition staff and provides for nutrition staff training, in-services, and performance evaluations.
4. Conducts quality assurance review of program records, group education, and individual counseling.
5. Develops Nutrition Education Action Plan appropriate to participant needs, and conducts evaluation of nutrition activities.
6. Develops linkage with health care providers and community agencies for outreach and referral.
7. Provides nutrition assessment and certification, counseling, nutrition education and referrals for WIC participants.
8. Assists in hiring nutrition staff.
9. Assists in program administration as necessary.

Qualifications

1. Master's degree in public health nutrition, nutrition, nutrition education, with one year of community nutrition experience; with one year of community nutrition experience OR Bachelor's degree with two years of community nutrition experience.
2. Experience in program planning and administration.
3. Leadership and decision-making skills.
4. Excellent communication skills.
5. At least 1 year experience in counseling.
6. Sensitivity to the needs of the client population.

Recommended minimum starting salary: $16,500 - $17,500

PROGRAM NUTRITIONIST

Responsibilities

1. Performs nutrition assessment and certification, counseling, nutrition education and referrals for WIC applicants and participants.
2. Assists in developing educational materials and planning educational activities for participants.
3. Coordinates collection of anthropometric and hematological data.
4. Assists in training paraprofessional WIC staff, agency staff and health care providers.
5. Participates in quality assurance activities.

Qualifications

1. Bachelor's degree in public health nutrition, nutrition, food and nutrition, or home economics; Master's degree preferred; may be substituted for work experience
2. One year's experience in clinical or commmunity nutrition
3. Demonstrated leadership and decision-making capabilities
4. Good communications skills
5. Sensitivity to the needs of the client population

Recommended minimum starting salary: $15,500 - $17,000

NUTRITION ASSISTANT

Provides routine nutrition care to WIC participants under the supervision of the Nutritionist or Nutritionist/Director.

Responsibilities

1. Interviews participants, assesses nutritional status, prepares nutrition care plan, provides education materials and makes appropriate referrals.
2. Prepares certification records for signature of Nutritionist at initial certification and repeat certification.
3. Follows selected cases as determined by the Nutritionist.
4. Distributes vouchers, and assists in routine office work; participates in nutrition in-services and in policy-making staff meetings.
5. Assists in development of educational materials and may be responsble for demonstrations, audio-visual presentations or other educational activities with participants.
6. Performs hematological tests and takes anthropometric measurements on participants as needed

Qualifications

1. One year's experience in health care field
2. High school diploma or G.E.D.
3. Interest in nutrition or health care
4. Good communications skills
5. Sensitivity to the needs of the client population

Recommended minimum starting salary: $11,500 - $13,000

NUTRITION ASSISTANT - SOUTHEAST ASIAN PROJECT

Provides routine nutrition care to WIC participants under the supervision of the Nutritionist or Nutritionist/Director.

Responsibilities

1. Interviews participants, assesses nutritional status, prepares nutrition care plan, provides education materials and makes appropriate referrals.
2. Prepares certification records for signature of Nutritionist at initial certification and repeat certification.
3. Follows selected cases as determined by the Nutritionist.
4. Assists in routine office work; participates in nutrition in-services and in policy-making staff meetings.
5. Assists in development of educational materials and may be responsble for demonstrations, audio-visual presentations or other educational activities with participants.
6. Performs hematological tests and takes anthropometric measurements on participants as needed
7. Provides follow-up nutritional care to Southeast Asian participants.
8. Distributes and explains use of vouchers, as needed.
9. Performs outreach to potential Southeast Asian eligibles.

Qualifications

1. Bilingual and bicultural skills and orientation to meet the specific needs of Southeast Asian participants.
2. One year's experience in health care field
3. High school diploma or G.E.D.
4. Interest in nutrition or health care
5. Good communications skills
6. Sensitivity to the needs of the client population

Recommended minimum starting salary: $11,500 - $13,000

PROGRAM ASSISTANT

Ensures that the voucher system operates smoothly, and maintains an appointment system for scheduling voucher pick-ups and repeat certifications under the supervision of the Program Director or Nutritionist/Director.

Responsibilities

1. Ensures the distribution of vouchers to participants on a monthly basis
2. Collects and submits information to the computer for the purpose of producing monthly vouchers and management information reports
3. Assures that all participants receiving vouchers are in compliance with program rules
4. Assists Program Director or Nutritionist/Director in educating and monitoring of WIC vendors
5. Operates an appointment system for scheduling voucher pick-up appointments and certifications
6. Performs anthropometric measurements and bloodtests for participants.

Qualifications

1. One year's general office experience; statistical or data processing work preferred
2. High school diploma or G.E.D.
3. Well-organized, systematic approach to work
4. Good communications skills
5. Sensitivity to the needs of the client population

Recommended minimum starting salary: $11,500 - $13,000

THE COMPETENT PROFESSIONAL AUTHORITY

A COMPETENT PROFESSIONAL AUTHORITY DETERMINES NUTRITIONAL RISK, ASSIGNS FOOD PACKAGES, AND COUNSELS PARTICIPANTS.

In Massachusetts, a WIC nutritionist who meets the qualifications outlined in the JOB DESCRIPTIONS AND FUNCTIONS section of this Procedure Manual is automatically considered a CPA. A nutrition paraprofessional must be authorized by the state WIC office before s/he can become a CPA. There are two levels of paraprofessional CPA status:

- Level I CPA status qualifies a paraprofessional to certify low-risk children only.

- Level II CPA Status qualifies a paraprofessional to certify all categories of low-risk participants.

Only a nutritionist may countersign records for paraprofessionals who are performing certifications in training for CPA authorization.

TO AUTHORIZE A PARAPROFESSIONAL TO BECOME A CPA LEVEL I OR II

1. The Senior Nutritionist fills out a CPA Level I or Level II Approval Form and sends it to the state office. This form is an evaluation of the paraprofessional's skills in the following areas:

   - o basic knowledge of nutrition
   - o anthropometric assessment
   - o biochemical assessment
   - o nutrition/dietary assessment
   - o counseling skills
   - o certification procedures

   Paraprofessionals may apply for CPA status when they reach 100% competency in all areas listed above.

2. Each paraprofessional participates in a New Staff Training and one state-sponsored inservice.

3. After the state office approves the request for authorization, a copy of the CPA Approval Form is returned to the local program. This copy is kept on file at the local program.

4. Each CPA paraprofessional is required to complete 10 hours of continuing education credit per year beginning with the date of CPA approval. Education credits for each CPA are documented by the Senior Nutritionist.

See the Originals Packet for a copy of the CPA Approval Form.

STAFF TRAINING

STAFF TRAINING ENABLES LOCAL PROGRAM STAFF TO PROVIDE HIGH-QUALITY SERVICES TO WIC PARTICIPANTS.

RESPONSIBILITY FOR STAFF TRAINING IS SHARED BETWEEN THE STATE AGENCY AND THE LOCAL WIC PROGRAM.

In order to serve WIC participants well, WIC staff must acquire and maintain up-to-date knowledge and skills.

STATE AGENCY RESPONSIBILITIES

The state agency is responsible for:

- Producing materials for orienting new local program staff
- Conducting new staff trainings
- Providing ongoing training through inservices for all local program staff
- Providing information on training resources and methods

LOCAL PROGRAM RESPONSIBILITIES

The local program is responsible for:

- Orienting new staff using materials provided by the state agency
- Providing on-the-job training for all staff
- Ensuring staff attendance at state training
- Assisting staff to integrate knowledge/skills from staff trainings into their daily work
- Providing on-site supervision for all staff

ORIENTING NEW STAFF

Use the materials listed below to help you orient your new staff.

For all new staff:

1. Questions and Answers About WIC
2. Order Form for WIC materials
3. Originals Packet of WIC forms and form letters
4. WIC State Plan
5. WIC Office Staff Who's Who
6. Program List

For new nutritionists and nutrition assistants/aides:

- Instruction Guides for Assessment and Certification of:
  - o Pregnant Women
  - o Infants
  - o Children
  - o Postpartum and Lactating Women
- Nutritional Risk Criteria
- Guidelines for Initiating and Conducting Breastfeeding Promotion Contacts
- Training Modules for Nutrition Paraprofessionals
  - o Children on the Bottle
  - o Iron Deficiency
  - o Lead Poisoning and Prevention
  - o Overweight Kids
- Formulas Available from the Massachusetts WIC Program
- Pediatric Vitamin/Mineral Supplements
- Prenatal Vitamin and Mineral Supplements
- Quarterly calendar for upcoming quarter
- Resource Library Acquisition List
- Prenatal Nutrition: A Clinical Manual
- MCH Infant Feeding Policy

For new program directors and program assistants:

- Voucher System Manual (Part V.A of the Procedure Manual, available separately)

Many of these materials you will have on hand. If you need additional copies, order them directly from the state office.

TRAINING NEW NUTRITION STAFF

Nutrition Professionals

Have the new staff person:

- Review all pertinent training/resource materials (see above).
- Attend a state New Staff Training.
- Observe local nutrition staff on several occasions.
- Role-play nutrition interviews with experienced staff to develop counseling skills.

Nutrition Paraprofessionals

Have the new staff person:

- Review all pertinent training/resource materials (see above).
- Attend a state New Staff Training.
- Observe local nutrition staff on several occasions.
- Role-play nutrition interviews with experienced staff to develop counseling skills.

Have the Senior or Program nutritionist:

- Provide basic orientation to the WIC Program.
- Train the paraprofessional in all steps necessary to certify low-risk children, including:
  - assessing anthropometric, hematological and other medical data
  - collecting and assessing dietary information
  - providing client-centered nutrition education
  - documenting information correctly in the SOAP note format

- Evaluate the paraprofessional's assessment/counseling skills using a Counseling Evaluation Guide, and provide feedback and additional training as necessary.

- Observe the paraprofessional on a regular basis to assess the progress of her/his counseling/certification skills and to ensure accuracy of nutrition information.

- Recommend CPA I candidacy when appropriate, evaluating each paraprofessional on a case-by-case basis.

- Recommend CPA II candidacy when appropriate, evaluating each paraprofessional on a case-by-case basis. Follow the same training format, and include low-risk women and infants.

EQUIPMENT AND SERVICES

FOLLOW STANDARD PROCEDURES FOR PROCURING ALL EQUIPMENT AND SERVICES FOR YOUR LOCAL PROGRAM.

PURCHASING EQUIPMENT

You may request equipment or related items of equipment costing less than five hundred ($500) dollars through the local agency annual contract budget. If approved, purchase the item(s) at any time during the contract year, making sure the local agency retains documentation of the purchase and price.

Equipment not purchased through the contract process may be requested directly from the state agency. State agency staff assess the priority of your request and the availability of funds, and notify you of the decision. In this case, the equipment purchased is the property of the Commonwealth of Massachusetts, not your local agency.

PROCURING SERVICES

The procurement of services is generally negotiated during the annual contracting process. Any procurement of services not negotiated at this time must be reviewed and approved by the state agency, and all services over $10,000 must be competitively procured.

PARTICIPATION

"PARTICIPATION" MEANS THE TOTAL NUMBER OF WOMEN, INFANTS AND CHILDREN WHO HAVE BEEN CERTIFIED FOR WIC AND WHO ARE RECEIVING VOUCHERS.

The following sections detail each step of the many procedures involved in dealing with applicants and participants, from the first inquiry to the final termination.

This PARTICIPATION section is organized in the general order in which you would perform the procedures, starting with responding to applications and ending with terminations.

INQUIRIES

WHEN A PERSON INQUIRES ABOUT WIC, EXPLAIN:

1. THE WIC PROGRAM
2. THE CATEGORIES OF ELIGIBLE PEOPLE
3. THE ELIGIBILITY REQUIREMENTS
4. YOUR WAITING LIST PROCEDURE

A person may inquire about WIC either by phone or in person.

** You may wish to informally screen the person for income eligibility to save her/him from applying if s/he is clearly above the income limits for participation.

APPLICATIONS

OBTAIN THE FOLLOWING INFORMATION FOR EACH APPLICANT:

1. NAME
2. MAILING ADDRESS
3. TELEPHONE NUMBER
4. WIC STATUS - WOMAN (PREGNANT, NURSING, OR POSTPARTUM NON-NURSING), INFANT, OR CHILD
5. DATE OF APPLICATION

OBTAIN NECESSARY ANTHROPOMETRIC AND HEMATOLOGICAL DATA FROM A MEDICAL REFERRAL FORM, FROM THE APPLICANT'S MEDICAL RECORD, OR AT THE CERTIFICATION APPOINTMENT.

MAKE SURE APPLICANTS DO NOT INCUR EXPENSES TO APPLY FOR WIC, INCLUDING OBTAINING MEDICAL DATA OR RECEIVING A BLOODTEST.

SET UP YOUR APPLICATION PROCESS SO THAT APPLICANTS MUST COME TO THE WIC OFFICE ONLY ONCE IN ORDER TO DETERMINE THEIR ELIGIBILITY FOR THE WIC PROGRAM.

APPLYING FOR WIC

A person may apply to WIC by either:

- submitting a Medical Referral Form (MRF) completed by her/his health care provider

OR

- calling to schedule a certification appointment and providing her/his name, address, telephone number, and status (prenatal, breastfeeding or postpartum woman, infant, or child) and date of birth.

  In this case, anthropometric and hematologival data required for certification are obtained:

  - from a completed MRF brought to the appointment
  - from the applicant's medical record
  - at the appointment.

Record the date of application as follows:

** If you schedule a certification appointment after receiving a completed MRF, fill in the "date received" space on the MRF.

** If you schedule an appointment without a MRF, note in the participant record the the date the applicant made the appointment, with her/his name, address, telephone number, WIC status, and date of birth.

OBTAINING ANTHROPOMETRIC AND HEMATOLOGICAL DATA

Obtain current anthropometric and hematological data for each WIC certification, and document nutrition-related medical problems. Because WIC is designed as an adjunct to participants' health care, you should collect this information from participants' health care providers whenever possible, using the appropriate Medical Referral Form or the applicant's medical record if you have access to it. However, applicants must not incur expenses in applying for WIC. Make arrangements for obtaining this data free of charge for applicants who do not have health care or who cannot obtain current data without incurring expense by:

- sending the applicant to your agency's health care facilities

OR

- doing the blood test and anthropometric measurements at your office.

Be sure to refer applicants who do not receive health care to your agency's health care facilities or to a local health care provider.

USING THE MEDICAL REFERRAL FORM

When applicants say they would like to apply for WIC, give or mail them the appropriate medical referral form (and dental referral form, if applicable) and

- Explain that you must have a completed medical referral form to review before you can give them a certification appointment or put them on the waiting list

OR

- Make certification appointments at the time you give out the medical referral form and tell applicants that they must bring the completed referral form to the appointment.

Make a policy for your program and be consistent for all applicants.

DETERMINING THE PRIORITY

Attempt to determine an applicant's priority so that you can schedule her/him appropriately. The competent professional authority (CPA) assigns the applicant's priority using the completed Medical Referral Form or the applicant's medical record, if either is available. If an applicant's nutritional risk factor is not obvious, assign the lowest priority for the applicant's category.

NOTE: Assess all prenatal and nursing women to determine their actual priority.

SCHEDULING INITIAL CERTIFICATION APPOINTMENTS

GIVE PRIORITY 1 PREGNANT WOMEN AND FAMILIES OF MIGRANT FARMWORKERS A CERTIFICATION APPOINTMENT WHICH IS WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

- o IF YOU HAVE A WAITING LIST FOR THESE APPLICANTS, GIVE OR MAIL THEM A WAITING LIST NOTIFICATION LETTER WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

GIVE ALL OTHER APPLICANTS A CERTIFICATION APPOINTMENT WHICH IS WITHIN 20 DAYS OF THEIR APPLICATION FOR WIC.

- o IF YOU HAVE A WAITING LIST FOR ANY OF THESE APPLICANTS, GIVE THEM A WAITING LIST NOTIFICATION LETTER WITHIN 20 DAYS OF THEIR APPLICATION FOR WIC.

TRY TO DETERMINE AN APPLICANT'S PRIORITY BEFORE SCHEDULING THEIR APPOINTMENT.

SET UP YOUR APPOINTMENT SYSTEM TO FIT YOUR PROGRAM'S CAPABILITIES AND NEEDS.

TIME FRAMES

** Enroll all eligible Priority 1 prenatal women and families of migrant farmworkers within 10 days of their application for WIC. TRY TO ENROLL ALL ELIGIBLE PRIORITY 1 AND PRIORITY 2 APPLICANTS WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

See the WIC INFANTS section of this Procedure Manual for procedures allowing prompt enrollment of infants born to mothers who are already on WIC.

** Enroll all other eligible applicants within 20 days of their application for WIC, or notify them that they have been put on your waiting list.

See MANAGING A WAITING LIST and WAITING LIST STATUS sections of this Procedure Manual.

SCHEDULING APPOINTMENTS

Establish an appointment system which makes the best possible use of your staff and which can handle the demand for initial certifications as well as repeat certifications.

- Schedule certification appointments on a first-come, first-served basis if you have no waiting list.

- If you have a waiting list, schedule certification appointments based on the applicant's priority, highest priorities first.

Schedule initial certification appointments in groups or individually.

Group Appointments

Schedule applicants of the same WIC status (W1, W2, W3, I or C) in groups together, if possible.

Schedule group appointments based on the facilities and staff available for each group.

Individual Appointments

Schedule individual certification appointments in one of two ways:

- open booking, when you see any type of applicant at any time your program is open, or

- having specific days and/or times of the week when you see certain types of applicants (e.g. prenatal women, WIC infants).

Allow enough time to do a thorough interview and assessment without running behind schedule. Suggested appointment times for initial certifications are:

o pregnant women	45 minutes
o infants	30 minutes
o children	30 minutes
o breastfeeding women	45 minutes

CERTIFICATION

CERTIFICATION IS THE PROCESS BY WHICH YOU DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR WIC BENEFITS.

COMPLETELY DOCUMENT EACH PERSON'S ELIGIBILITY BEFORE YOU PROVIDE WIC BENEFITS.

Include the following information in each participant's certification record:

ITEM	LOCATION
1. name	Certification form
2. indication of categorical eligibility	Certification form
3. complete address	Certification form
4. documentation of income eligibility	Income Eligibility form (front)
5. height/length and weight	Certification form
6. blood test results	Certification form
7. dietary assessment	Assessment/Questionnaire
8. nutrition care plan, in SOAP note format	Certification form
9. food package assignment	Certification form
10. date of assessment (if different from date of certification, e.g., WIC infant, missing information)	Certification form
11. certification reason	Certification form
12. signature of a competent professional authority	Certification form
13. date of certification	Certification form
14. signed copy of the affidavit of a participant's rights and responsibilities	Income Eligibility form (back)

NOTE: This CERTIFICATION section and all the sections included in it outline procedures for certifying new participants, but the procedures are the same for recertifications.

IF THE APPLICANT DOES NOT MEET CRITERIA

Give the applicant a completed "NOT ELIGIBLE LETTER" and explain that s/he may reapply to the WIC Program. You may also:

- (For infants) give them emergency cans of formula, if available.
- Give them supermarket gift certificates supplied to you through Project Bread.
- Refer them to other programs for which they may be eligible.

ELIGIBILITY DETERMINATION

TO BE ELIGIBLE FOR WIC, AN APPLICANT MUST MEET FOUR ELIGIBILITY CRITERIA:

1. CATEGORICAL
2. GEOGRAPHICAL
3. INCOME
4. NUTRITIONAL RISK

RESIDENTS OF INSTITUTIONS ARE NOT ELIGIBLE FOR WIC.

Check categorical eligibility first, then geographical eligibility, then income eligibility. By pre-screening applicants for these eligibility criteria first, you may save them from coming in for a nutrition appointment unnecessarily.

A person who is not eligible for WIC may reapply immediately and as often as s/he wishes.

CATEGORICAL ELIGIBLITY

TO BE CATEGORICALLY ELIGIBLE FOR WIC, A PERSON MUST BE ONE OF THE FOLLOWING:

- A PREGNANT WOMAN
- A BREASTFEEDING WOMAN
- A POSTPARTUM WOMAN
- AN INFANT
- A CHILD

For purposes of WIC eligibility:

- A pregnant woman is a woman having one or more embryos or fetuses in utero.
- A breastfeeding woman is a woman up to one year postpartum who is breastfeeding her infant(s).
- A postpartum woman is a woman up to six months after termination of her pregnancy.

  NOTE: A woman having a spontaneous abortion (miscarriage) or a therapeutic abortion after 20 weeks gestation may be considered a postpartum woman.

- An infant is a person under one year of age.
- A child is a person who has attained her/his first birthday, but has not yet attained her/his fifth birthday.

A completed Medical Referral Form is considered adequate documentation that the applicant is pregnant, breastfeeding, postpartum, under 1 year or under 5 years. You may also accept a woman's verbal statement that she is breastfeeding.

** IF THE APPLICANT IS NOT CATEGORICALLY ELIGIBLE:

1. Explain to the applicant her/his reason(s) for ineligibility.
2. Give her/him a "NOT ELIGIBLE LETTER" indicating the appropriate reason for ineligibility.
3. Give the person information on the fair hearing process.

GEOGRAPHICAL ELIGIBILITY

ALL MASSACHUSETTS RESIDENTS MAY APPLY FOR WIC BENEFITS IN MASSACHUSETTS.

AN APPLICANT DOES NOT HAVE TO BE A U.S. CITIZEN OR A PERMANENT RESIDENT TO BE ELIGIBLE FOR WIC, AND A SOCIAL SECURITY NUMBER IS NOT REQUIRED.

VERIFY EACH PARTICIPANT'S RESIDENCY AT EACH CERTIFICATION.

MASSACHUSETTS RESIDENTS MAY APPLY TO THE WIC PROGRAM OF THEIR CHOICE.

Massachusetts residency is the only geographical requirement.

-- Verify Massachusetts residency at each certification using such sources as:
    - o Medicaid card
    - o Letter or statement from a Federal, state or municipal agency (Welfare, SSI, armed services, etc.)
    - o Bill (electric, heat, phone, credit card, mortgage)
    - o Bank statement
    - o Postmarked envelope/postcard or magazine address label
    - o Driver's license or Liquor Purchase Permit
    - o ID card with address
    - o Phone book
    - o Lease, letter or rent receipt from landlord
    - o Medical Referral Form (only if address was completed by health care provider)
    - o Pay check or pay stub with home address
    - o Copy of W-2 form or 1040 (valid during January only)

-- Use a self-declaration of residency for applicants who cannot provide documentation of residency (such as teenagers, people who have just moved to Massachusetts, people living here temporarily, migrants, refugees and the homeless). On the computer input, use the address of the place where they are currently staying, a friend's address, or your WIC program address.

-- Write the participant's full name and complete address on the Income Eligibility Form.

-- Document that you have verified residency on the Income Eligibility form:

- o Write the date and your initials if you have verified residency.
- o Write the date and check SELF (for self-declaration) if the applicant/ participant is unable to provide documentation of residency.

Residency verified		
Date	Init	Self
5/6/87	MC	
11/3/87		✓

Use the same procedure if a participant reports a change of address in the middle of a certification period.

** IF THE APPLICANT IS NOT GEOGRAPHICALLY ELIGIBLE:

1. Explain the reason for ineligibility.
2. Give a "NOT ELIGIBLE LETTER" indicating geographical ineligibility.

   See the INELIGIBILITY AT INITIAL CERTIFICATION section in this Procedure Manual.
3. Provide information on the fair hearing process.

   See the THE RIGHT TO A FAIR HEARING section in this Procedure Manual.
4. Suggest that s/he contact the Health Department in her/his own state to locate an accessible WIC Program.

NOTE: Applicants may apply to the WIC program of their choice. You may not deny participation to someone simply because s/he lives outside of your catchment area, but you may encourage an applicant from outside of your assigned catchment area to go to another local WIC program if it will facilitate their receiving WIC services (i.e., closer to their home, no waiting list, bilingual staff, etc.).

INCOME ELIGIBILITY

INCOME ELIGIBILITY IS BASED ON THE TOTAL GROSS INCOME OF THE APPLICANT'S HOUSEHOLD AND ON THE HOUSEHOLD SIZE.

MAXIMUM INCOME ALLOWED IS 185% OF THE POVERTY GUIDELINES AS ESTABLISHED ANNUALLY BY THE U.S. DEPARTMENT OF AGRICULTURE.

Determine both the total gross income of the applicant's household and the household size. Compare this information with the income guidelines provided annually by USDA and listed on the "Income Eligibility Form".

If the applicant is income eligible, document this using the "Income Eligibility Form".

** IF THE APPLICANT IS NOT INCOME ELIGIBLE:

1. Explain that her/his income is above the cutoff point and therefore s/he is not eligible.

2. Give her/him a "NOT ELIGIBLE LETTER" indicating income as the reason for ineligibility.

   See the INELIGIBILITY AT INITIAL CERTIFICATION section in this Procedure Manual.

3. Provide information on the fair hearing process.

   See the THE RIGHT TO A FAIR HEARING section in this Procedure Manual.

** IF A PARTICIPANT BECOMES OVER-INCOME DURING THE CERTIFICATION PERIOD BECAUSE ANOTHER FAMILY MEMBER HAS BEEN FOUND OVER-INCOME AT A CERTIFICATION OR REPEAT CERTIFICATION:

1. Explain the reason for termination.

2. Give a "NO LONGER ELIGIBLE LETTER" indicating income as the reason for termination.

   See the TERMINATION DURING CERTIFICATION PERIOD section of this Procedure Manual.

3. Provide information on the fair hearing process.

4. Give a last set of vouchers if the issue date falls within 15 days after you determined ineligibility and gave the "NO LONGER ELIGIBLE" letter.

5. Terminate the participant according to the procedures described in the TERMINATIONS section of this Procedure Manual.

DETERMINING INCOME

USE THE TOTAL GROSS INCOME OF THE APPLICANT'S HOUSEHOLD TO DETERMINE INCOME ELIGIBILITY.

USE EITHER THE CURRENT INCOME OR THE AVERAGED INCOME OVER THE PAST 12 MONTHS, WHICHEVER IS THE BETTER INDICATOR.

DEFINITION OF "INCOME"

"Income" means the total gross cash income of all members of the household. "Gross income" is all income before deductions are made for income taxes, employee social security taxes, insurance premiums, bonds, etc.

Consider the household's income over the past 12 months and the household's current income to determine which is the better indicator of eligibility.

DETERMINING INCOME

To determine an applicant's income, ask as many questions as are necessary to determine total income, such as:

- What is your income?
- Is that your only source of income?
- Do you receive money from anywhere else to support you and/or your children?
- Does anyone else in your household work or receive income?

More specifically:

If No Income:	How do you pay your bills? How are you covering food costs? Is anyone financially supporting you at this time? Are you living off your savings?
If Unemployed:	Have you applied for unemployment benefits? Are you receiving unemployment benefits? Are unemployment benefits your only source of income? When did your unemployment benefits run out?
If Self Employed:	What do you do for a living? Do you file quarterly tax statements to the IRS? Is your income seasonal? Sporadic?

If Working Overtime:	Do you regularly work overtime? How often do you work overtime? How much overtime do you regularly receive?
If a Medicaid Recipient:	Do you receive AFDC/General Relief/RCMA payments? (if not receiving AFDC/GR/RCMA) What is your source of income?
If a Student:	Do you receive any grants, scholarships or loans? Do you have a work study job? an assistantship? Does your spouse work? Do you work? Does your family/country provide you with financial support? Does your school provide you with financial support?
If in the Military:	What is your income? Do you receive any cash benefits from the military? Does any other household member receive additional income?
If a Member of the Clergy:	What is your income? Does any other household member receive additional income?
If the Applicant Does Not Appear to Be Income Eligible:	Does this income represent your regular income? How long have you been receiving this income? Does this income accurately represent what your household has been living on for the past 12 months?

INCLUDE THE FOLLOWING AS INCOME

1. wages, salary, commissions, or fees
2. public assistance or welfare payments
3. unemployment benefits
4. net income from self-employment
5. social security payments
6. dividends or interest on savings or bonds, income from estates or trusts, or net rental income
7. government civilian employee payments, military retirement or pension payments, or veteran's payments

8. private pensions or annuities

9. alimony or child support payments

10. payments for the care of a foster child

11. housing allowances for military personnel

12. regular contributions from persons not living in the household

13. royalties

14. cash received or withdrawn from any other source readily available to the family, such as savings, investments, and trust accounts.

DO NOT INCLUDE THE FOLLOWING AS INCOME

1. value of Food Stamps

2. value of assistance from any program established under the Child Nutrition Act of 1966, including:

   - o National School Lunch Act
   - o Special Milk Program
   - o School Breakfast Program
   - o Child Care Food Program
   - o Summer Food Service Program for Children
   - o WIC Program

3. reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970

4. value of free housing received by members of the clergy and on-base military

5. any payment to volunteers under Title II or the Domestic Volunteer Service Act of 1973, including:

   - o RSVP
   - o Foster Grandparents
   - o SCORE
   - o ACE

6. any payment to VISTA volunteers who receive Food Stamps or public assistance at the time they join VISTA

7. income derived from certain submarginal land of the U.S. held in trust for certain Indian tribes

8. payments or allowances received under the Home Energy Assistance Act of 1980

9. payments received from the youth employment demonstration program

10. income derived from the disposition of funds to the Grand River Band of Ottawa Indians

11. financial assistance from any program funded under Title IV of the Higher Education Act of 1965 which is used for specified costs (books, materials, tuition, fees, supplies, transportation) including:

    - Pell Grant
    - Supplemental Educational Opportunity Grant
    - State Student Incentive Grant
    - National Direct Student Loan
    - PLUS
    - College Work Study
    - Burd Honor Scholarship programs

DETERMINING HOUSEHOLD SIZE

A HOUSEHOLD IS A PERSON OR GROUP OF PERSONS WHO MAY OR MAY NOT LIVE TOGETHER BUT WHO SHARE INCOME AND CONSUMPTION OF GOODS OR SERVICES.

DETERMINE HOUSEHOLD SIZE AS PART OF DETERMINING INCOME ELIGIBILITY.

DO INCLUDE in a household:

- o children living in the household
- o adopted children or those for whom the family has accepted legal responsibility
- o children residing in a school or institution, whose support is paid for by the parents or guardians

DO NOT INCLUDE in a household:

- o unborn infants
- o non-resident children for whom child support payments are made

DETERMINING HOUSEHOLD SIZE

To determine household size, ask the following questions:

- o How many people do you live with?
- o How many people are supported by your income?
- o Where do those supported by your income reside?

See the chart on the next page for guidelines for determining household size.

DETERMINATION OF HOUSEHOLD SIZE

SITUATION:	QUESTIONS TO ASK:	DETERMINATION OF HOUSEHOLD SIZE
Foster Child	o Is the child a ward of the state?	o If the child is a foster child and remains the legal responsibility of a welfare or other agency, the foster child shall be considered a household of one.
	o Are you the child's legal guardian?	o If yes, include as member of family household.
	o Do you receive any income because you care for the child?	o If yes, include in income of household if not ward of state.
Child Support	o Do you receive child support payments?	o If yes, include in income determination.
	o How regularly do you receive these payments?	o Include in income at appropriate frequency.
	o Do you pay child support?	o Child support payments can not be deducted from income of payer. Do not include a non-resident child for whom support payments are made in the household size.
Institutionalized family member	o Do you pay financial support for the institutionalized person?	o If yes, include in household size.
	o Does the state/other agency bear financial responsibility for the institutionalized person?	o If yes, do not include in household.
Living with another family	o Does the family provide you with free food, clothing, shelter, etc.?	o If yes, include as member of household.
	o Do you share the expenses?	o If yes, include as member of household.
	o Do you pay the family for living in their home?	o If a person is totally self-supporting, regardless of where s/he lives, that person is a household separate from the rest of those with whom s/he lives. A minor who pays for the expenses of her/his support is a household separate from the persons with whom s/he lives regardless of her/his age.

DOCUMENTING INCOME

DOCUMENT THE INCOME OF ALL HOUSEHOLD MEMBERS.

AT EACH CERTIFICATION APPOINTMENT, DOCUMENT THE APPLICANT'S INCOME ELIGIBILITY ON THE CURRENT INCOME ELIGIBILITY FORM.

A MEDICAID CARD IS NOT AUTOMATIC PROOF OF WIC ELIGIBILITY. ONLY MEDICAID RECIPIENTS RECEIVING GENERAL RELIEF, AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), OR REFUGEE CASH AND MEDICAL ASSISTANCE (RCMA) ARE AUTOMATICALLY INCOME ELIGIBLE FOR WIC IF THIS ASSISTANCE IS THEIR ONLY HOUSEHOLD INCOME.

Documentation may include, but is not limited to:

1. pay stub
2. letter from employer
3. unemployment card
4. current Medicaid card
5. savings book (to estimate average weekly and/or monthly withdrawals)
6. letter from the court regarding child support or alimony
7. income tax forms (W_2 or quarterly estimates)

In order to determine current income, make sure the the documentation source is dated within the past month. For the self-employed, whose tax returns are submitted quarterly, use the form from the most recent quarter.

If income eligibility is based on annualized income, make sure you have adequate documentation to verify the household's income for the past 12 months.

You do not need to keep a copy of the income documentation in the person's file.

APPLICANTS/PARTICIPANT WITH NO DOCUMENTATION

Applicants/participants who have income but have no documentation of that income (e.g., homeless, recently moved to Massachusetts, self-employed not maintaining records or filing 1040-ES) may make a self-declaration of income, either in writing or verbally.

USING A MEDICAID CARD AS PROOF OF INCOME

Medicaid Recipients

Medicaid is given for many reasons; not all Medicaid recipients receive cash assistance. To use a Medicaid card for income documentation, it must have been issued to an applicant receiving AFDC, General Relief, or Refugee Cash and Medical Assistance.

To determine whether the Medicaid card was issued with AFDC, RCMA or General Relief:

1) Ask the applicant whether s/he is receiving AFDC, RCMA or General Relief payments

AND

2) Ask to see the Medicaid card. If the two digits beneath the notation CAT (category) are "00" (for RCMA), "02" (for AFDC) or "04" (for General Relief), the person is income eligible for WIC if this assistance is the only source of income for the applicant's household.

   If the category is not 00, 02 or 04, the card does not reflect the person's income. Inquire about the applicant's income and document it appropriately.

Complete the "Income Eligibility Form" with the dollar amount (may be given verbally by the applicant), frequency, household size, date, and signatures.

EXAMPLE:

INCOME $ 179. FREQUENCY yearly monthly (bi-weekly) weekly HOUSEHOLD SIZE 2

DOCUMENTATION _____ RECEIVES: (AFDC) (Food Stamps)

or

Med. Card # 021-63-0291 Cat 02 REFERRED TO: AFDC Food Stamps

Other _____

PART. SIG. Dorothy Hagen STAFF SIG. Mary Smith DATE 8/7/87

Persons Applying for Medicaid

If an applicant has recently applied for AFDC, RCMA, or General Relief but has not been issued a Medicaid card and is not receiving benefits:

1) Request a copy of the grant letter issued by the Welfare Department stating eligibility and the cash grant to be received.

OR

2) Ask to see a copy of the Welfare Department computer sheet indicating eligibility and cash grant amount.

If an applicant cannot provide a copy of the letter or computer sheet, assess what s/he is currently living on and document the source.

Advise her/him to bring proof of the AFDC/General Relief/RCMA benefit as soon as it is received. Note the change in income in the participant's file.

STUDENTS

Documentation of income for students must include all readily available amounts received. Students are not allowed a deduction for tuition expenses unless they receive financial assistance income which is designated specifically for tuition and related expenses.

Students Receiving Financial Aid

If a student receives a grant, loan or scholarship, include as income only readily available cash amounts received, such as those used for living expenses. Do not include the amount of money used for tuition and fees. The student's Financial Aid Transcript, available from her/his financial aid department, will show how the financial aid is to be used.

Foreign Students

Some foreign students may be able to document their financial status with a "Certification of Finances", a financial disclosure statement used by most major universities when admitting non-immigrant alien students. Others may have to contact their financial aid department, international student office, or consulate/embassy for documentation of their financial status.

Remind non-immigrant alien students that participation in the WIC program might be considered by US Immigration and Naturalization Service (INS) as evidence that they have become public charges, which could jeopardize their visas. But children born in the United States to alien students are citizens, and their participation in the WIC Program does not jeopardize their parents' alien status.

Income Documentation

CATEGORY	DOCUMENTATION REQUIRED (USE ONLY ONE)	AMOUNT	FREQUENCY	DOCUMENTATION LINE
EMPLOYED	- Pay check - Pay stub - Signed letter from employer stating source of income, total income and frequency	Average dollar amount of paycheck(s)	Paycheck issuance schedule	- "paycheck" - "pay stub" - "employer letter"
SELF-EMPLOYED	- Copy of quarterly tax return form (1040 ES - Estimated Tax for Individuals)	As indicated	3 months or as indicated	- "1040 ES for _____ (mo/yr)"
SEASONALLY EMPLOYED (e.g., farmers and fisherman)	- Previous year's W2 form - signed letter from the employer stating source of income, amount and frequency	As indicated	Yearly or as indicated	- "198__ W2 form" - "employer letter"
MILITARY PERSONNEL	- Current pay statement - Leave and Earnings statement	As indicated	As indicated	- "pay statement" - "LES"
RECEIVING UNEMPLOYMENT	- Unemployment card - copy of unemployment check - unemployment check stub - unemployment benefits letter	As indicated	As indicated	- "unemployment card" - "unemployment check" - "unemployment stub" - "unemployment letter"
LIVING ON SAVINGS	- Savings account book	Average amount of withdrawals over several weeks/months	Weekly or monthly (whichever you use)	- "Savings book"
AFDC/GENERAL RELIEF/ RCMA RECIPIENT	- Medicaid card with category "00", "02" or "04"	Dollar amount received	Current month	- Medicaid card number and category
AFDC/GENERAL RELIEF/ APPLICANT	- Welfare grant letter - Welfare computer sheet	As indicated	As indicated	- "Welfare letter" - "Welfare sheet"
STUDENTS RECEIVING FINANCIAL AID	- Financial Aid Transcript - Certification of Finances form (for foreign students)	Total amount for current semester (excluding amount for tuition and fees)	Length of semester	- "Fin'l Aid Transcript" - "Certification of Finances"
EMPLOYED PERSON WITH NO INCOME DOCUMENTATION	- None	Dollar amount received	As indicated verbally or in writing	- "Self-declaration"
NO INCOME	- None	N/A	N/A	- "Self-declaration"

USING THE INCOME ELIGIBILITY FORM

Completely fill out the income eligibility form for the current year.

1. INCOME/FREQUENCY Fill in the total household income at the date of certification, and the frequency of that income (yearly, monthly, bi-weekly or weekly).

   See the INCOME ELIGIBILITY section in this Procedure Manual.

2. HOUSEHOLD SIZE Fill in the total household size.

   See the INCOME ELIGIBILITY section in this Procedure Manual.

3. DOCUMENTATION Write in the type of documentation used to verify the household's current or annualized income.

4. RECEIVES Circle AFDC and/or Food Stamps if the applicant or participant is currently enrolled in one or both of these programs.

5. REFERRED TO Refer everyone not currently receiving AFDC and Food Stamps to these programs at each certification. Document these referrals by circling the appropriate program(s).

   Note other non-health referrals here. Note all health and social service referrals on the Certification form.

6. PARTICIPANT SIGNATURE Have the participant sign here.

7. STAFF SIGNATURE Sign your full name, not just your initials.

8. DATE Write the full date (month/day/year) on which you determined income eligiblity.

MASSACHUSETTS WIC PROGRAM INCOME ELIGIBILITY JULY 1, 1987 - JUNE 30, 1988

Name _____ #_____

Parent/Guardian _____

Street _____

City/Town _____ Zip _____

Phone _____

Change _____

_____

Residency verified		
Date	Init	Self

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	10,175	848	196
2	13,690	1,141	264
3	17,205	1,434	331
4	20,720	1,727	399
5	24,235	2,020	467
6	27,750	2,313	534
7	31,265	2,606	602
8	34,780	2,899	669
EACH ADD. HOUSEHOLD MEMBER	3,515	293	68

INCOME $_____ FREQUENCY yearly monthly bi-weekly weekly HOUSEHOLD SIZE _____

DOCUMENTATION _____ or Med. Card # _____ Cat _____

RECEIVES: AFDC Food Stamps

DISCUSSED/ REFERRED TO: AFDC Food Stamps

Other _____

PART. SIG. _____ STAFF SIG. _____ DATE_____

INCOME $_____ FREQUENCY yearly monthly bi-weekly weekly HOUSEHOLD SIZE _____

DOCUMENTATION _____ or Med. Card # _____ Cat _____

RECEIVES: AFDC Food Stamps

DISCUSSED/ REFERRED TO: AFDC Food Stamps

Other _____

PART. SIG. _____ STAFF SIG. _____ DATE_____

TERMINATION DOCUMENTATION

Reason

5 years old(1) ____
1 year PP-BF(1) ____
6 mo. PP (1) ____
No longer BF(1,8) ____
6 wk PP(8) ____
(DOD _____)

Non-resident(3) ____
Transfer to(3) _____
Over income(7) ____
No nutr. risk(2) ____
Waiting list(8) ____

Missed _____ & _____ VPU(4)
No Repeat Cert.(5) ____
Other _____

Date of termination _____ OR Last set of vouchers given _____

Type of notification _____ Date given/mailed_____ Staff init. _____

MY RIGHTS AS A WIC PARTICIPANT:

1. I will be told how long I will be on the program when I am certified. I will be told how to reapply when my certification period ends.
2. I will receive WIC vouchers, nutrition education, and referrals to health and social service agencies. This service will be polite and helpful.
3. My WIC store will offer me polite service and enough WIC foods for me to use my vouchers. I will report any problems to the WIC Program. (I do not have to give my name.)
4. If I am to be taken off the WIC Program, I will be told why at least 15 days in advance.
5. I may reapply for WIC if I am taken off the program.
6. I may appeal any decision made by the WIC Program about my eligibility. My WIC Program or the State WIC Office (1-800-WIC-1007) will help me apply for a fair hearing.
7. My WIC records are confidential. However, I give permission for these records to be released for the following reasons: state and federal audits (my name will not be used), transfer to another WIC Program, or if requested by my health care provider. Any other person who wants information must get my written permission.
8. This is an Equal Opportunity Program. If I believe I have been discriminated against because of race, color, national origin, age, sex, or handicap, I may write to the Secretary of Agriculture, Washington, DC 20250.

MY RESPONSIBILITIES AS A WIC PARTICIPANT:

1. I will use my food vouchers correctly; if not, I may be taken off the WIC Program for up to 3 months.
2. If I do not pick up my vouchers two months in a row, I will be taken off the WIC Program.
3. I will pick up my vouchers on time; if not, I may not get all my vouchers.
4. At the end of my certification period, I will make an appointment if I want to reapply to WIC.
5. I will tell the WIC Program if my address or phone number changes.
6. I will provide proof of my household's current total income and address.
7. I will not receive vouchers for the same person at more than one WIC Program or site at a time.
8. If I am verbally or physically abusive to WIC staff or WIC store clerks, I may be taken off the WIC Program for up to 3 months.

I have been advised of my rights and responsibilites under the WIC Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. Program officials may verify information I have given. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.

I understand my rights and responsibilities under the WIC Program. The information I have provided about address, total current household income, medical and food information is correct, to the best of my knowledge. I understand that if I have not told the truth, or if I use WIC vouchers incorrectly, I may be prosecuted under State and Federal law.

Date _____ Signature _____ Witness _____

Date _____ Signature _____ Witness _____

NUTRITIONAL RISK

A PERSON MUST HAVE A NUTRITIONAL RISK FACTOR TO BE ELIGIBLE FOR WIC.

USE THE FOLLOWING INFORMATION TO DETERMINE NUTRITIONAL RISK:

- o ANTHROPOMETRIC MEASUREMENTS
- o HEMATOLOGICAL VALUES
- o DIET ASSESSMENT
- o NUTRITION ASSESSMENT

DOCUMENT ALL INFORMATION USED TO DETERMINE NUTRITIONAL RISK IN THE PARTICIPANT'S RECORD.

For detailed instructions on obtaining nutritional risk information and documenting it in the participant record, see the following Massachusetts WIC Program publications:

- Instruction Guide for Assessment and Certification of Pregnant Women
- Instruction Guide for Assessment and Certification of Postpartum and Lactating Women
- Instruction Guide for Assessment and Certification of Infants
- Instruction Guide for Assessment and Certification of Children

** IF THE APPLICANT IS AT NUTRITIONAL RISK AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Choose an appropriate certification reason for the applicant.
2. Continue the certification process for the applicant.

** IF THE APPLICANT IS AT NUTRITIONAL RISK, BUT IN A PRIORITY YOU DO NOT CURRENTLY SERVE:

1. Offer her/him the opportunity to go on your waiting list. Give her/him a "WAITING LIST LETTER" if s/he is interested.

   See the MANAGING A WAITING LIST section of this Procedure Manual.

2. Give the person a "NOT ELIGIBLE LETTER" indicating the appropriate reason for not being eligible.

   See the INELIGIBILITY AT INITIAL CERTIFICATION section of this Procedure Manual.

3. Give the person information on the fair hearing process.

   See the THE RIGHT TO A FAIR HEARING section of this Procedure Manual.

** IF THE APPLICANT IS NOT AT NUTRITIONAL RISK:

1. Explain the reason for ineligibility.

2. Give a "NOT ELIGIBLE LETTER" indicating "Not at nutritional risk".

   See the INELIGIBILITY AT INITIAL CERTIFICATION section of this Procedure Manual.

3. Give the person information on the fair hearing process.

   See the THE RIGHT TO A FAIR HEARING section of this Procedure Manual.

NUTRITIONAL ASSESSMENT FOR CERTIFICATION

COMPLETE A NUTRITIONAL ASSESSMENT FOR EACH PARTICIPANT AS PART OF THE CERTIFICATION PROCESS.

USE ONLY THE RISK FACTORS IN THE "NUTRITIONAL RISK CRITERIA FOR CERTIFICATION" FOR THE CURRENT FISCAL YEAR.

The nutrition assessment enables you to:

- identify each person's nutritional risk factors to determine eligibility
- determine each participant's individual concerns and needs for nutrition education and counseling
- determine each participant's nutritional needs in order to appropriately tailor the food package.

Assess each applicant's nutritional status by:

1. reviewing the medical referral form,
2. obtaining and reviewing the assessment form or questionnaire
3. assessing information from the participant.

You may assess applicants individually or in groups, although high-risk applicants or participants should be certified individually by a nutritionist. If you certify a high-risk participant in a group, offer to see her/him individually as well.

Low-risk participants may also be certified individually if you think they would not be comfortable in a group or if they request an individual appointment.

FOR GROUP CERTIFICATIONS

Collect and assess diet and health information from the Nutrition Questionnaires which are:

- sent out prior to a group and either mailed or brought by the participant

OR

- completed in the waiting room prior to the group

OR

- completed as part of the group activity.

Choose a method that gives you enough time to assess the information on the Questionnaires.

For nutrition education at a group initial certification, explain the WIC program, the WIC foods, the use of vouchers, the participant's rights and responsibilities while on WIC, and scheduling of secondary contacts or follow-ups.

FOR INDIVIDUAL CERTIFICATIONS

Collect the diet and health information by:

- interviewing the participant using the Nutrition Assessment form

OR

- asking the participant to complete the Nutrition Questionnaire.

For nutrition education at an individual certification, use the nutrition/health information collected during the interview and the participant's stated needs and interests to determine one or two main areas of concern. Focus your counseling on the issue of highest priority.

Assess each participant's dietary information before you assign a food package, regardless of whether the participant is certified individually or in a group.

THE "NUTRITIONAL RISK CRITERIA FOR CERTIFICATION"

Use only the reasons listed in the "Nutritional Risk Criteria for Certification" to determine WIC eligibility. The Risk Criteria contains the following sections:

Nutritional Risk Criteria Divided into the following sections:

- o Pregnant Women
- o Postpartum, Non-Breastfeeding Women
- o Breastfeeding Women
- o Infants
- o Children

Each section is further divided into categories of risk. The categories for women are:

- Pattern of Weight Gain
- Present Health/Medical Conditions
- Conditions That Predispose to Nutritional Risk
- History of Previous/Most Recent Pregnancies
- Hematological
- Inadequate Food Intake

The categories for infants and children are:

- Birth Outcome (for infants 0-6 months)
- Anthropometric
- Present Health/Medical Conditions
- Hematological
- Conditions that Predispose to Nutritional Risk
- Inadequate Food Intake

Height and Weight Table/Determination of Frame Size Use this table to determine pattern of weight gain for prenatal and postpartum women.

Caffeine Content of Selected Items Use this table to determine caffeine intakes.

Priority System for Nutritional Risk Criteria This chart lists the breakdown of all risk criteria by category and degree of risk.

List of Priorities This chart lists all the priorities for each group (W1, W2, W3, I and C).

USING THE "RISK CRITERIA"

The Risk Criteria

Nutritional risk factors in each section (Present Health/Medical Conditions, Hematological, etc.) are listed in order of risk, from highest to lowest.

Risk factors with a * next to them must be documented by the participant's health care provider, either on the Medical Referral Form or verbally, followed by written confirmation. Risk reasons with a † next to them need a dentist's documentation.

Scheduling the Appointment

The "Nutritional Risk Criteria for Certification" have been set up to help your program best utilize its nutrition staff. CPA recommendations were chosen based on the applicant's degree of risk and the amount of nutrition knowledge needed to effectively counsel them, and were not based on priority. Therefore, CPAs may see people having risks of different priorities.

Base the appointment scheduling on the highest risk factor evident on the Medical Referral Form. Next to each reason in the "Standard" column, the "CPA" column indicates which CPAs may certify applicants with that risk factor, and the order in which they should do so.

EXAMPLE:	Priority	CPA	Standard
	1B	II,N	* LEAD POISONING

Although both CPA IIs and Nutritionists may certify applicants with lead poisoning, the CPA II should be utilized first.

Note: If a CPA II or I sees a high-risk participant because the risk factor was not evident from the Medical Referral Form but was determined during the appointment, s/he must have the nutritionist sign off on the assessment and plan, and schedule a high-risk individual appointment with the nutritionist.

Documenting the Risk Factor

WRITE THE RISK REASON EXACTLY AS IT APPEARS IN THE "RISK CRITERIA" IN CAPITAL LETTERS. Information beneath the risk reason is explanatory and does not need to be written on the certification form.

PRIORITY CATEGORIES

PRIORITY CATEGORIES ARE DETERMINED BY FEDERAL REGULATIONS.

EACH NUTRITIONAL RISK FACTOR IS ASSIGNED A PRIORITY.

USE THE PRIORITY CATEGORIES TO DETERMINE THE ORDER IN WHICH TO CERTIFY APPLICANTS WHEN YOUR PROGRAM HAS A WAITING LIST.

Each priority category includes specific nutritional risk criteria. For a complete list of risk criteria, see the "Nutritional Risk Criteria for Certification" in the NUTRITIONAL RISK section of this Procedure Manual.

Pregnant women	Priority 1A 1B 1C Priority 4A
Postpartum, non-breastfeeding women	Priority 6 Priority 4B
Breastfeeding women	Priority 1A 1B 1C Priority 2A 2B Priority 4A
Infants (birth - 12 months)	Priority 1A 1B 1C Priority 2A 2B Priority 4A
Children (1 - 5 years)	Priority 3A 3B 3C Priority 5A 5B 5C

BLOODWORK REQUIREMENTS

FEDERAL REGULATIONS REQUIRE EACH APPLICANT TO HAVE A HEMATOLOGICAL TEST FOR ANEMIA IN ORDER TO BE CERTIFIED FOR THE WIC PROGRAM.

INFANTS UNDER SIX MONTHS OLD ARE EXCEPTED FROM THIS REQUIREMENT.

Since one of the primary purposes of the WIC Program is to help alleviate iron deficiency anemia, a screening test for iron levels is required for most applicants.

** BLOOD TESTS MAY BE ANY ONE OF THE FOLLOWING:

- Hematocrit (Hct): the percent of red cell volume

or

- Hemoglobin (Hgb): the amount of iron in the blood

or

- Free Erythrocyte Protoporphyrin (FEP): an indicator of iron-deficiency and/or lead poisoning

FOR PREGNANT WOMEN:

Pregnant women need one blood test taken anytime during the current pregnancy.

FOR POSTPARTUM, NON-BREASTFEEDING WOMEN:

Postpartum, non-breastfeeding women need one blood test taken anytime between the delivery date and the date of certification, inclusive.

FOR BREASTFEEDING WOMEN:

Postpartum, breastfeeding women need one blood test taken anytime between the delivery date and the date of certification, inclusive.

Postpartum, breastfeeding women remaining on the program for a second certification period need another blood test, even if the first postpartum bloodwork was normal.

FOR INFANTS:

Infants less than six months do not need to have a blood test. However, you may use blood test results as a reason for certification for an infant less than six months if you have received the bloodwork from the physician or clinic, it is below the standard, and the test is not more than two months old.

Infants six months or older need one blood test taken at the time of certification.

** Infants' blood test results must be no older than one month from the date of the appointment in order to be certified for a full six months.

FOR CHILDREN:

Children need one blood test at their initial certification as a child, then once a year if their levels are normal or twice a year if their levels are below normal.

** Children's blood test results must be no older than one month from the date of the appointment in order to be certified for a full six months.

Example: Juan Morales is certified as a WIC Infant.

At 6 months:	Certified for underweight.	Blood test required for infants at six months. Results normal.
At 1 year:	Certified for underweight.	Blood test required for initial certification as a child. Results normal.
At 18 months:	Certified for underweight.	New blood test not required because normal at last certification.

At 24 months:	Certified for prevent regression of underweight	Blood test results over one year old. New blood test required; normal results.
At 36 months:	Terminated; no nutritional risk factor.	Blood test requested; normal at last certification but test was done to be sure there were no risk factors before removing Juan from the program.

PREVENT REGRESSION

YOU MAY USE PREVENT REGRESSION AS A REASON FOR REPEAT CERTIFICATION WHEN TERMINATION FROM THE WIC PROGRAM WOULD BE DETRIMENTAL TO THE PARTICIPANT'S HEALTH.

ONLY A CPA CAN DETERMINE THE USE OF PREVENT REGRESSION.

DO NOT USE PREVENT REGRESSION WHEN ANY STANDARD RISK CRITERIA APPLY.

DO USE PREVENT REGRESSION:

1. For priorities I, IIIa, IIIb, IIIc, IVa, Va, Vb and Vc, when you are serving these priorities.
2. When the CPA determines that the participant would regress without WIC benefits.
3. On a case-by-case basis.

DO NOT USE PREVENT REGRESSION

1. For priorities IVb, VI, and most priority IIs. See next page for exceptions.
2. As a reason for initial certification.
3. As a reason for repeat certification if a standard risk criteria can be used.
4. For two consecutive certifications for the same participant.

** When using Prevent Regression, write the certification reason as "Prevent Regression of _____" (fill in previous risk factor).

EXAMPLE: A child's previous risk criteria was "weight/height less than the 25th %ile". Write the new reason as "Prevent Regression of weight/height less than the 25 %ile".

** The reason(s) for use of Prevent Regression must be documented in the SOAP notes.

PREVENT REGRESSION OF WIC INFANTS

You may use prevent regression for priority II WIC infants only for prevent regression of inadequate food intake and only if:

- the infant has no other risks under priorities I or IV
- a previous risk factor was documented in the Nutrition Assessment and the Assessment portion of the SOAP note at the initial certification, the secondary contact, or the current recertification (e.g., inadequate food intake, underweight).

Follow this procedure:

- o Include the risk factor from the initial SOAP note in the SOAP note at the recertification (e.g., early introduction to solids)
- o Write the certification reason as "Prevent regression of _____" (e.g., "Prevent regression of inappropriate food practices")
- o Write the input code as 4AP.

WIC INFANTS

"WIC INFANTS" ARE INFANTS BORN TO WOMEN WHO PARTICIPATED IN THE WIC PROGRAM DURING THEIR PREGNANCY.

WIC INFANTS ARE DEFINED BY FEDERAL REGULATION AS PRIORITY II. NUTRITION ASSESSMENT MAY DETERMINE THEM TO BE PRIORITY I.

THE CERTIFICATION DATE FOR A WIC INFANT IS HER/HIS DATE OF BIRTH.

YOU MAY CONDUCT A PRELIMINARY CERTIFICATION WITH AND ISSUE VOUCHERS TO SOMEONE OTHER THAN THE INFANT'S MOTHER AS LONG AS YOU COMPLETE THE CERTIFICATION WITHIN SIX WEEKS FROM THE INFANT'S DATE OF BIRTH.

APPLICATION AND SCHEDULING OF WIC INFANTS

Give the Medical Referral Forms for infants and postpartum women to the woman prior to her EDC. Tell her to call the program when the baby is born, and you will make an appointment for her recertification and the baby's certification at that time.

CERTIFICATION OF WIC INFANTS

If the mother comes for the initial appointment, conduct a complete certification appointment for the baby.

If the mother is unable to come for the initial appointment, a proxy may bring the necessary income documentation and anthropometric data for you to complete a preliminary "WIC infant" certification. This includes:

1) Determination of income eligibility

2) Completion of affidavit (Rights and Responsibilities)

3) Filling out a "preliminary" assessment and certification form for the infant including anthropometric data, date of certification (infant's birth date) and reason for certification ("WIC infant"). (See following example.)

4) Distribution of vouchers

5) Scheduling of a follow-up appointment within six weeks.

The infant's primary caretaker must attend the follow-up appointment to complete the infant's nutrition assessment and to receive nutrition counseling. If your program is taking Priority VIs or the mother is breastfeeding, schedule the follow-up appointment to coincide with the mother's postpartum recertification appointment.

Complete the dietary assessment and SOAP note at the follow-up appointment. Write the date of assessment on the Certification form.

CERTIFICATION DATE

For a WIC infant, use the birth date as the certification date.

- If your program certifies infants for 6 months, WIC infants will be recertified at 6 months and at 1 year. If not enrolled promptly, the WIC infant may not receive all six sets of vouchers in her/his first certification period.

- If your program uses the extended certification period for infants, WIC infants will be recertified at 10 months. If not enrolled promptly, the WIC infant may not receive all ten sets of vouchers in her/his first certification period.

EMERGENCY FORMULA

Provide non-breastfeeding WIC infants with formula as soon as possible. If you do not have complete certification data or your appointment schedule does not allow you to see them right away, issue emergency cans of formula (either purchased by your program or donated by a formula company) to the parent.

See the WIC AND THE INFANT FORMULA INDUSTRY section of this Procedure Manual for more information.

Massachusetts WIC Program ID#

CERTIFICATION FORM

INFANTS – Birth to 12 Months

Name SYLVIA VALDEZ Sex: M___ F ✓ Date of Birth 6/1/87

Parent or Guardian JUANITA SANTOS Birth Weight 8# 2 oz Birth Length 20 in.

Address 42 WASHINGTON ST. Gestational Age 40 WKS

Town/City CAMBRIDGE Infant Feeding: Breast___ Bottle___ Both ✓

Telephone 322-9687 Health Care DR. BOWDOIN

Mother on WIC? Prenatal ✓ Postpartum ___ Primary Language SPANISH Race HISPANIC

S:

O: MEASUREMENTS Date 6/11/87

Age a/o Measurement 10 days

Weight 8# 5 oz Length 20 in.

Weight/Age %ile ~~75~~ 90 Length/Age %ile 50-75

Weight/Length %ile 50-75

LAB (6 months and older)

Hct. _____ Date _____

Hgb. _____ Date _____

FEP _____ Date _____

Pb _____ Date _____

OTHER _____

(MUST BE COMPLETED BY 6 WEEKS)

A:

P:

Certified? Yes ✓ No ___ Priority 2 Food Package _____ Pick up Date _____

Reason WIC INFANT

Date of Certification 6/1/87 Signature [signature], RD

Date of Assessment _____ Referrals _____

CERTIFICATION PERIODS

PARTICIPANTS ARE CERTIFIED FOR A SPECIFIED PERIOD OF TIME WHICH DEPENDS ON THE CATEGORY OF THE PARTICIPANT.

DO NOT GIVE VOUCHERS TO PARTICIPANTS WHOSE CERTIFICATION PERIOD HAS EXPIRED.

CATEGORY	LENGTH OF CERTIFICATION PERIOD	LAST SET OF VOUCHERS
PRENATAL WOMEN	Duration of pregnancy and until six weeks postpartum	Last issue date before six weeks postpartum
BREASTFEEDING	Six months and as long as still breastfeeding, up to one year postpartum	The month the infant turns one year old
NON-NURSING POSTPARTUM	Until six months postpartum	The month the infant turns six months old
INFANTS	Six months or	The 6th set of vouchers (may be less for WIC infants) or
	Until ten months old, if enrolled at four months of age or less	The month the infant turns nine months old
CHILDREN	Six months, until age five	The month the child turns five years old

OPTIONAL EXTENDED CERTIFICATION PERIOD FOR INFANTS

YOU MAY CHOOSE TO CERTIFY ALL INFANTS ENROLLED BEFORE FOUR MONTHS OF AGE UNTIL THEY ARE TEN MONTHS OF AGE.

IF YOU CHOOSE TO USE EXTENDED CERTIFICATION PERIODS FOR INFANTS, HAVE YOUR PLAN APPROVED BY THE STATE WIC OFFICE BEFORE YOU IMPLEMENT IT.

PROVIDE QUARTERLY NUTRITION EDUCATION CONTACTS TO THESE INFANTS.

ENSURE THE AVAILABILITY AND CONTINUITY OF HEALTH CARE SERVICES FOR THESE INFANTS.

Base the length of the certification period for infants on their age at initial enrollment. Infants are considered 4 months old IN THE MONTH THEY TURN 4 MONTHS, regardless of whether they have actually reached 4 months of age.

- Infants under 4 months of age will be certified until they are 10 months of age. Example:

  Date of birth: 1/20/87
  Date of certification: 2/4/87 (infant less than 4 months of age)
  Date due for repeat certification: 11/20/87 (month infant turns 10 months)

- Infants 4 months of age and older will be certified for a six month period. Examples:

  Date of birth: 1/20/87
  Date of certification: 5/6/87 (month infant turns 4 months)
  Date due for repeat certification: 11/6/87 (6 months from date of certification)

  Date of birth: 1/20/87
  Date of certification: 8/24/87 (month infant turns 7 months)
  Date due for repeat certification: 2/24/88 (6 months from date of certification)

AFTER THE INITIAL EXTENDED CERTIFICATION PERIOD, ALL REPEAT CERTIFICATIONS WILL OCCUR AT SIX (6) MONTH INTERVALS.

PROTOCOL FOR EXTENDED CERTIFICATION PERIODS

If you choose to implement the extended certification period for infants, develop a protocol which:

- Ensures the availability and continuation of health care services for infants
- Specifies the following for nutrition education contacts
    - o type (individual or group)
    - o timing
    - o method for flagging
    - o services available (measurements, bloodwork)
    - o content
    - o documentation of the contact
- Describes how food package changes will be handled

Submit your protocol to the state WIC office for approval before you implement it.

NUTRITION EDUCATION CONTACTS

Provide nutrition education contacts quarterly for infants with extended certification periods. Base the number of nutrition education contacts on the length of the certification period as follows:

AGE AT ENROLLMENT	LENGTH OF CERTIFICATION PERIOD	# OF CONTACTS
≤ 2 months	8 - 10 months	3
3 to 4 months	6 - 7 months	2
4 months or older	6 months	2

The number of nutrition education contacts provided during an extended certification period must be at least the number noted above. You may provide more than this number.

BLOODWORK

Bloodwork requirements for an infant are dependent on his/her age at initial certification. Bloodwork is also required for the first certification as a child even if the participant had bloodwork done as an infant. Examples:

AGE AT INITIAL CERTIFICATION	BLOOD WORK?	AGE AT NEXT CERTIFICATION	BLOOD WORK?	AGE AT NEXT CERTIFICATION	BLOOD WORK?
0 - 4 months	No	10 months	Yes	16 months	Yes
5 months	No	11 months	Yes	17 months	Yes
6 - 11 months	Yes	12 - 17 months	Yes	18 - 23 months	Yes*

* Bloodwork is not required if the previous results were above the hematological risk criteria standards.

COMPUTER INPUT FOR EXTENDED CERTIFICATION PERIODS

To extend the certification period for infants who are enrolled before they are 4 months old, fill in the "Recertification Date" on the Type 1 Participant Input Form as follows:

** Enter date infant will be 4 months old under "Recertification Date" if:

1. infant was born in the same month s/he is certified or
2. infant will turn 1, 2, or 3 months in the same month s/he is certified.

** Leave "Recertification Date" blank if:

1. infant is or will turn 4 months old in the same month s/he is certified or
2. infant is over 4 months old when s/he is certified.

NOTE: These "future-dated" recertification dates will be accepted by the computer. Therefore, WHEN CERTIFYING INFANTS BORN IN SEPTEMBER, OCTOBER, NOVEMBER AND DECEMBER, MAKE SURE YOU USE THE NEXT YEAR'S DATE IN THE RECERTIFICATION DATE.

IDENTIFYING INFANTS DUE FOR RECERTIFICATION AT TEN MONTHS

Keep some record of an infant's certification history other than the computer reports, so you can review it each month prior to voucher distribution to ensure that the infant is recertified when s/he is 10 months old. See the IDENTIFYING PARTICIPANTS DUE FOR REPEAT CERTIFICATION section of this Procedure Manual for more information.

MONTH OF BIRTH	MONTH OF CERTIFICATION	MONTH UNDER "RECERT. DATE"	MONTH DUE FOR RECERTIFICATION
JANUARY	JAN, FEB, MAR, APR,	MAY	NOV (10 months old)
	MAY	---	NOV (10 months old)
	Other months	---	6 months from cert
FEBRUARY	FEB, MAR, APR, MAY	JUNE	DEC (10 months old)
	JUNE	----	DEC (10 months old)
	Other months	----	6 months from cert
MARCH	MAR, APR, MAY, JUNE	JULY	JAN (10 months old)
	JULY	----	JAN (10 months old)
	Other months	----	6 months from cert
APRIL	APR, MAY, JUNE, JULY	AUG	FEB (10 months old)
	AUG	---	FEB (10 months old)
	Other months	---	6 months from cert
MAY	MAY, JUNE, JULY, AUG	SEPT	MAR (10 months old)
	SEPT	----	MAR (10 months old)
	Other months	----	6 months from cert
JUNE	JUNE, JULY, AUG, SEPT,	OCT	APR (10 months old)
	OCT	---	APR (10 months old)
	Other months	---	6 months from cert
JULY	JULY, AUG, SEPT, OCT	NOV	MAY (10 months old)
	NOV	---	MAY (10 months old)
	Other months	---	6 months from cert
AUGUST	AUG, SEPT, OCT, NOV	DEC	JUNE (10 months old)
	DEC	---	JUNE (10 months old)
	Other months	---	6 months from cert
SEPTEMBER	SEPT, OCT, NOV, DEC	JAN (next year)	JULY (10 months old)
	JAN	---	JULY (10 months old)
	Other months	---	6 months from cert
OCTOBER	OCT, NOV, DEC, JAN	FEB (next year)	AUG (10 months old)
	FEB	---	AUG (10 months old)
	Other months	---	6 months from cert
NOVEMBER	NOV, DEC, JAN, FEB	MAR (next year)	SEPT (10 months old)
	MAR	---	SEPT (10 months old)
	Other months	---	6 months from cert
DECEMBER	DEC, JAN, FEB, MAR	APR (next year)	OCT (10 months old)
	APR	---	OCT (10 months old)
	Other months	---	6 months from cert

CERTIFICATION DATE

FOR ALL PARTICIPANTS EXCEPT PREGNANT WOMEN, BASE THE DATE OF CERTIFICATION ON THE DATE MEDICAL DATA WERE TAKEN RATHER THAN ON THE DATE THE PARTICIPANT WAS ASSESSED AND/OR CERTIFIED.

FOR PREGNANT WOMEN, USE THE DATE THE PARTICIPANT WAS ASSESSED AND/OR CERTIFIED.

MEDICAL DATA MAY BE UP TO 30 DAYS OLD BEFORE THE CERTIFICATION DATE MUST BE ADJUSTED.

THE LENGTH OF A CERTIFICATION PERIOD BASED ON OLDER DATA MUST BE ADJUSTED TO REFLECT THE DATE OF THE OLDEST MEDICAL DATA ELEMENT.

On the Certification form, complete the Date of Certification as follows:

** When the medical data is 30 days old or less, the date of certification (or repeat certification) is the same as the date of assessment and enrollment.

** When the medical data is more than 30 days old, the date of certification (or repeat certification) is the date of the oldest anthropometric or hematological data.

WIC BENEFITS

WIC BENEFITS ARE SUPPLEMENTAL FOODS, NUTRITION EDUCATION, AND REFERRALS.

WIC SUPPLEMENTAL FOODS

WIC SUPPLEMENTAL FOODS ARE CHOSEN BECAUSE THEY CONTAIN SPECIFIC NUTRIENTS NEEDED BY THE WIC TARGET POPULATION.

FEDERAL REGULATION SETS STANDARDS FOR WIC FOODS BUT ALLOWS STATE WIC PROGRAMS TO SET MORE SPECIFIC STANDARDS.

IN MASSACHUSETTS, EXCEPTIONS TO THE FEDERAL REGULATIONS ARE VOTED ON AT STATEWIDE NUTRITIONISTS MEETINGS.

The following chart lists the federal requirements for WIC foods, and the Massachusetts requirements.

	FEDERAL REGULATION	STATE REGULATION
FORMULA	o 10 mg of iron per liter (7.8 mg of iron per oz) o 20 kcal per fluid oz	o Same
INFANT CEREAL	o 45 mg of iron per 100 g dry cereal (12.8 mg of iron per oz) o No cereal/fruit or cereal/formula combinations	o Same
INFANT JUICE	o 30 mg of vitamin C per 100 ml	o Same
ADULT CEREAL	o 28 mg of iron per 100 g dry cereal	o Same
	o Not more than 6 g of sucrose per oz	o Not more than 5 g of sucrose per oz o No cereals containing aspartame
FLUID JUICE	o 30 mg of vitamin C per 100 ml	o Same o 100% fruit juice
FROZEN JUICE	o 30 mg of vitamin C per 100 ml, reconstituted	o Same o 100% fruit juice

	FEDERAL REGULATION	STATE REGULATION
WHOLE MILK	o 400 I.U. vitamin D per qt o Pasteurized milk o No flavored milk	o Same o Lactaid allowed o Calcimilk allowed
SKIM/LOWFAT MILK, BUTTERMILK	o 400 I.U. vitamin D per qt o 2000 I.U. vitamin A per qt o Pasteurized milk o No flavored milk	o Same o No buttermilk
EVAPORATED OR DRY WHOLE MILK	o 400 I.U. vitamin D per qt	o Same
EVAPORATED OR DRY SKIM MILK	o 2000 I.U. vitamin A per qt o 400 I.U. vitamin D per qt	o Same
PEANUT BUTTER	o No Federal standards	o No peanut butter/jelly or peanut butter/ marshmallow combinations
DRIED BEANS/PEAS	o No Federal standards	o Packaged in bags only
EGGS	o Eggs or dried egg mix	o Large - Grade A o No dried egg mix
CHEESE	o Domestic cheese only o No cheese product or cheese foods	o Same o No cheese food spread o Deli or prepackaged cheese allowable

KEY

g = gram
I.U. = International units
Kcal = Kilocalories
mg = milligrams
mls = milliliters
oz = ounce
qt = quart

CHOOSING THE FOOD PACKAGE

THE COMPETENT PROFESSIONAL AUTHORITY (CPA) CHOOSES THE APPROPRIATE FOOD PACKAGE AFTER TAKING A DIETARY INTAKE AND DISCUSSING A PARTICIPANT'S FOOD PREFERENCES.

The computerized voucher system allows the CPA to tailor the standard food package by varying the type and quantity of milk products in the children's and women's packages. In assigning available food packages to meet nutrtional needs, the CPA may choose among whole, low-fat or skim milk, powdered milk, evaporated milk, or cheese. For infants who are not breastfed, a variety of combinations of iron-fortified formula, non-iron fortified formula, infant juice and infant cereal is available.

SPECIAL PRESCRIPTION FORMULAS

ONLY THE PARTICIPANT'S PHYSICIAN MAY PRESCRIBE A SPECIAL OR NON-IRON FORMULA.

MAKE SURE YOU HAVE A WRITTEN REQUEST FROM THE PHYSICIAN ON FILE IN THE PARTICIPANT'S RECORD BEFORE YOU ISSUE THE VOUCHERS.

The FORMULAS AVAILABLE FROM THE MASSACHUSETTS WIC PROGRAM booklet lists all the special prescription formulas available from the WIC Program, along with the following information about each formula: manufacturer, composition, indication, size of can/box/packet, amount reconstituted, price, amount provided by the WIC food package, and what kind of approval is needed.

This booklet also contains a list of formulas not provided by Massachusetts WIC, and the reasons they are not available.

WHEN A PARTICIPANT NEEDS A SPECIAL FORMULA

1. Determine the pharmacy where s/he will buy the formula.

2. Call the pharmacy and notify the manager or pharmacist what formula is needed and in what quantity. Give the manager the participant's name.

3. If the formula is not currently in stock, find out when it will be available.

   NOTE: Vendor contracts with pharmacies stipulate that prescription formula will be made available to the participant within 2 business days from the time of the order.

4. Inform the manager that if the cost of the voucher exceeds $20.00, s/he must send it directly to the following address for reimbursement:

   State WIC Office
   Attn: Vendor Compliance Assistant
   150 Tremont St., 3rd Floor
   Boston, MA. 02116

   Remind the manager to use the vendor stamp before sending the vouchers, and to enclose the store name and mailing address.

5. Write out the vouchers. See the following chart for the number of vouchers in each package, the food messages, etc.

SPECIAL PRESCRIPTION FORMULA PACKAGES

Unless otherwise indicated, the following food packages are hand written on a voucher #99.

PACKAGE TYPE	NUMBER OF VOUCHERS IN PACKAGE	MESSAGE	SPECIAL INSTRUCTIONS
Product 3232A Formula Package	1	4 (1 lb.) cans of Product 3232 A	State Reimbursement
RCF Formula Package	3	8 (13 oz.) cans RCF	
	1	7 (13 oz.) cans RCF	
Phenyl-Free Formula Package	1	4 (2.5 lb.) cans powdered Phenyl-free	State Reimbursement
PKU-1 Formula Package	1	2 (1.1 lb.) cans powdered PKU-1	State Reimbursement
PKU-2 Formula Package	1	2 (1.1 lb.) cans powdered PKU-2	State Reimbursement
MSUD Diet Powder Formula Package	1	3 (2.5 lb.) cans MSUD Diet Powder	State Reimbursement
Product 3200AB Formula Package	7	Product 3200AB	Use package #93, 94, or 95 Use only 7 vouchers; void the 8th
Product 3200K Formula Package	7	1 (14 oz.) can powdered Product 3200K	
Product 80056 Formula Package	1	1 (5 lb.) can powdered Product 80056	State Reimbursement
Sustacal Formula Package (Ready To Feed)	5	5 (32 oz.) cans Ready-To-Feed Sustacal	

SPECIAL PRESCRIPTION FORMULA PACKAGES, p. 2

PACKAGE TYPE	NUMBER OF VOUCHERS IN PACKAGE	MESSAGE	SPECIAL INSTRUCTIONS
Sustacal Formula Package (Powder)	1	2 (3.8 lb) cans powdered Sustacal	State Reimbursement
Sustacal Formula Package (Powder Packets)	2	8 boxes of Sustacal Powder Packets	State Reimbursement
Isocal Formula Package	5	5 (32 oz.) cans Ready-To-Feed Isocal	
Sustagen Formula Package (1 lb. Powder)	5	5 (1 lb.) cans powdered Sustagen	State Reimbursement
Sustagen Formula Package (2.5 lb. Powder)	2	5 (2.5 lb) cans powdered Sustagen	State Reimbursement
Sustagen Formula Package (5 lb. Powder)	1 1	2 (5 lb.) cans powdered Sustagen 3 (5 lb.) cans powdered Sustagen	State Reimbursement
Ensure Formula Package (Ready-To-Feed)	5	5 (32 oz.) cans Ready-To-Feed Ensure	
Ensure Formula Package (Powder)	1 1	6 (14 oz.) cans powdered Ensure 7 (14 oz.) cans powdered Ensure	State Reimbursement
Ensure Osmolite Formula Package	5	5 (32 oz.) cans Ready-To-Feed Ensure Osmolite	
Vital Formula Package	2	10 boxes of Vital powder packets	State Reimbursement

Medicaid Reimbursement of Special Medical Formulas

Chapter 655 of the Medicaid Acts of 1983 provides for third party reimbursement for special medical formulas which are approved by the Commissioner of Public Health and prescribed by a physician for the treatment of certain inborn errors of metabolism, malabsorption syndromes, metabolic deficiencies, and protein, carbohydrate and fat intolerances.

The formulas available include most WIC-approved special prescription formulas as well as many formulas not available through the WIC Program. These formulas are approved on a case-by-case basis and most requests with sufficient medical documentation are approved. The approval process takes approximately 2-3 weeks.

Have the participant's physician submit a request for "prior approval" coverage of a special formula as soon as the need for a special formula is apparent. You may provide interim benefits of WIC approved formula supplements until prior approval from Medicaid is received. Ask the participant at each voucher pick-up whether Medicaid reimbursement has been approved.

The procedure for obtaining "prior approval" for payment of formula for infants and children is as follows:

1. The Medicaid participant's physician writes a letter to the Pharmacy Program using his/her own or the hospital's letterhead, requesting approval for payment of formula and including:

   - the patient's name, address, and Medicaid cardholder number
   - a diagnosis and statement of medical necessity
   - the name of the product prescribed and the unit size to be obtained.

2. S/he sends the letter to:

   Pharmacy Program - Prior Approvals
   Medical Division, Room 740
   Department of Public Welfare
   600 Washington Street
   Boston, MA 02111

3. When the Pharmacy Program approves coverage of the formula, they notify the physician of the date of issue and the date of expiration. The prescription is usually good for up to five refills or for a duration of six months, whichever comes first.

   The physician writes a prescription for the formula and includes the special billing number given in the approval letter. The participant presents the prescription and her Medicaid card to the local pharmacy to obtain the formula.

NUTRITION CARE

TAILOR PARTICIPANTS' NUTRITION EDUCATION AND COUNSELING TO THEIR NEEDS. TAKE INTO CONSIDERATION THEIR CONCERNS AND PROBLEMS, EDUCATION LEVEL, ENVIRONMENTAL LIMITATIONS, CULTURAL PRACTICES, CAPABILITIES AND LIFESTYLE.

COMMUNICATE NUTRITION INFORMATION AT A COMPREHENSIVE LEVEL AND IN A LANGUAGE THE PARTICIPANT UNDERSTANDS.

PROVIDE NUTRITION CARE AT NO COST TO THE PARTICIPANT.

DO NOT DENY SUPPLEMENTAL FOODS FOR FAILURE TO ATTEND OR PARTICIPATE IN NUTRITION EDUCATION ACTIVITIES.

Client-Centered Counseling

Client-centered counseling increases participants' ability to understand and meet their own nutritional health needs during and after WIC program participation.

To be most effective, nutrition education should help participants take responsibility for their own nutritional care.

Client-centered counseling is based on the premise that helping the participant to identify problems and concerns is the key to successfully motivating her to change her eating habits and lifestyle to positively impact on nutrition and health.

Counseling Objectives

The counselor has two objectives in any counseling session:

1. to gain participant trust and to collect accurate information on food and nutrition practices by listening for problems a participant wants to solve.

2. to present new information in a manner that offers a solution to the participant's problem. The participant is likely to listen to the solution and set a goal because she has raised the problem herself.

GUIDELINES FOR THE COUNSELING SESSION

Use the following guidelines to create a successful counseling session.

1. The Setting

   - make sure the office space is private enough to ensure confidentiality and privacy
   - try to eliminate outside noise and distractions
   - request not to be interrupted

2. Beginning the Counseling Session

   - be on time
   - introduce yourself
   - explain what you are doing and why
   - explain how long the appointment will be
   - briefly explain the WIC program
   - encourage the participant to ask questions

3. Gathering Information

   - use open-ended questions
   - listen to the participant
   - clarify anything the participant doesn't understand
   - maintain eye contact
   - be relaxed
   - have a genuine interest in what the participant is saying, and let your face express it

4. Giving Information

   - select one major point. Do not try to cover everything in one session
   - use language that is on the participant's level, but don't speak down to her/him
   - reinforce what you suggest by using pictures, posters or food models
   - summarize the session

EVALUATING CLIENT-CENTERED COUNSELING

The state agency has produced forms for evaluating individual, group, and secondary contact counseling sessions during your program's annual site visit. These forms are included in your Originals Packet so you can use them to monitor for client-centered counseling among your own staff.

NUTRITION CARE PLAN

THE CARE PLAN SUMMARIZES THE ENTIRE NUTRITION ENCOUNTER WITH A PARTICIPANT.

A GOOD CARE PLAN DESCRIBES ALL THE IMPORTANT COMPONENTS OF THE PERSON'S NUTRITIONAL STATUS AND INCLUDES MUTUALLY AGREED UPON PLANS FOR CHANGE AND FOLLOW-UP.

The purpose of the care plan is:

- o to improve health status and maintain that improvement
- o to obtain a desired behavior
- o to increase the participant's knowledge and skills
- o to refer the participant to additional resources as needed.

Write the care plan in the "SOAP" format for clarity and consistency.

S = Subjective: what the client says, either quoted directly or paraphrased (e.g., "I have morning sickness every day").

For participants certified in groups, you may write "Group Cert" in the subjective section. Subjective information pertinent to that individual may be included in the "S" section but is not mandatory.

O = Objective: lab work (hematocrit or hemoglobin values) and anthropometric measurements (height, weight and growth chart percentiles).

A = Assessment: the CPA's assessment of the participant including identified risk factors (e.g., "A primipara with adequate weight gain, low hct, diet low in fruits and vegetables, interested in breastfeeding."); an explanation of the certification reason if appropriate; a rationale for tailoring the food package.

P = Plan: what will happen next. Include changes you and the participant agreed on, any nutrition education materials you provided, and any follow-up appointments or referrals you made. Summary might read, "Discussed prenatal diet, preparation for breastfeeding. Follow-up one month on weight gain".

A complete WIC care plan includes appropriate referrals, either suggested by the CPA or requested by the participant, such as medical care, social services, EFNEP, day care, early intervention, emergency food, and family planning. Document these on the referral line on the certification form. See the REFERRALS section of this Procedure Manual for an extensive list of referrals.

NUTRITION EDUCATION

MAKE AT LEAST TWO NUTRITION EDUCATION CONTACTS AVAILABLE TO EACH PARTICIPANT OR HER/HIS PARENTS. THE INITIAL CERTIFICATION IS THE FIRST CONTACT.

NUTRITION EDUCATION INCLUDES ALL THE LEARNING AND TEACHING ACTIVITIES THAT TAKE PLACE BETWEEN THE PARTICIPANT AND THE WIC NUTRITION STAFF.

DOCUMENT NUTRITION EDUCATION CONTACTS IN THE PARTICIPANT'S RECORD.

Nutrition education is an integral part of the WIC program. Provide two nutrition education contacts for each participant during a certification period. It may be provided at various times during the certification period - at the initial certification and at follow-up appointments - and by a variety of techniques. However, participants are not obliged to participate in nutrition education activities in order to receive food vouchers.

The purpose of nutrition education is to:

- emphasize the relationship between nutrition and good health
- improve the nutritional status of WIC participants by enabling them to make informed choices regarding food purchasing, preparation and eating habits.

Relate nutrition education provided to participants to their nutritional status, cultural preferences, and household resources. See Client-Centered Counseling in the NUTRITION CARE section of this Procedure Manual for more information.

** Provide individual nutrition education during one-to-one certification or follow-up sessions.

** Provide group sessions to meet the needs of several participants at once, and to create a forum for participants to share their experiences. Include activities which allow for maximum participant interaction and feedback.

Nutrition education does not have to be provided by WIC nutrition staff. If the participant is affiliated with a nutrition education program in the health center or clinic, coordinate and complement rather than duplicate the nutrition education the participant receives.

Use handouts, newsletters, bulletin boards, and posters to supplement nutrition education. Make sure these materials appropriately reflect the cultural and ethnic backgrounds of participants and provide accurate nutrition information.

EVALUATING NUTRITION EDUCATION MATERIALS

Use the E.M.P.O.W.E.R. Manual* to evaluate all materials use or produced by your program. This manual gives complete instructions for ensuring appropriateness and quality of nutrition education materials.

* Evaluate Materials to Promote Optimal Use of WIC Education Resources

DOCUMENTING NUTRITION EDUCATION

Document any nutrition education contacts, and refusals of contacts, in the participant's record, including the content, the date, and staff initials.

SECONDARY CONTACTS

PROVIDE AT LEAST ONE SECONDARY CONTACT, OR NUTRITION EDUCATION FOLLOW-UP, FOR EACH PARTICIPANT DURING EACH CERTIFICATION PERIOD.

TELEPHONE CONTACTS MAY NOT BE CONSIDERED SECONDARY NUTRITION EDUCATION CONTACTS.

DOCUMENT SECONDARY CONTACTS IN THE PARTICIPANT'S FILE.

** Give all prenatals at least one individual follow-up during pregnancy.

** Make at least one follow-up appointment available to all parents and caretakers of infants and children. If the child is at the appointment, include her/him in the discussion.

Follow-up continues the process of imparting client-centered nutrition education begun at certification. Therefore, the nature of the secondary contact depends on the participant's need as identified by the CPA at the initial appointment. Each program should develop levels of care based on participant needs and protocols for follow-up appointments.

Use groups, presentations or individual counseling for high- or low-risk follow-up. Groups are encouraged where space permits, as participant interaction facilitates learning and fosters peer support in settings where parents or caretakers may otherwise be isolated.

OPTIONS FOR SECONDARY CONTACTS

Secondary contacts may be scheduled as program staffing and space allow. The following is a list of secondary contact options:

Individual Contacts

- counseling appointment with nutritionist or CPA, depending on participant need
- height/weight measurement and plot during certification period, with discussion of growth or prenatal weight gain
- food or food package explanation
- individual question by participant with explanation by nutrition staff

Group Contacts

- o audio-visual presentation
- o food demonstration
- o discussion group, lecture, speaker

Nutrition-related non-WIC staff such as EFNEP, Head Start or MCH nutritionists may provide secondary contacts. These may occur on or off-site but must be documented in the participant record.

Follow-up provided off-site by non-nutrition staff (i.e., nurses and doctors) is acceptable only if the follow-up protocol has been reviewed and approved by the senior nutritionist and is available to state agency staff on request. Document the contact in the participant record.

DOCUMENTING SECONDARY CONTACTS

Document secondary contacts in the participant file. Include the date, the topic(s) covered and your initials. Complete a SOAP note for high risk participants and participants seen individually. In situations where participants are seen in a group and/or participant records are not available, a checklist may be used and filed in the participant record after the appointment.

PARTICIPANT EVALUATION OF NUTRITION EDUCATION

ACTIVELY SOLICIT YOUR PARTICIPANTS' VIEWS ON THE NUTRITION EDUCATION YOUR PROGRAM PROVIDES.

At least once a year, distribute the Participant Nutrition Education Questionnaire to your participants so they can comment on the nutrition education you provide to them.

Use this information to develop your Nutrition Education Action Plan goals and to alter nutrition education activities to best serve participants.

The Nutrition Education Survey is included in your Originals Packet.

BREASTFEEDING PROMOTION AND SUPPORT

ENCOURAGE ALL PRENATAL PARTICIPANTS TO BREASTFEED BY:

- PROVIDING THEM WITH COMPLETE AND ACCURATE INFORMATION REGARDING BREASTFEEDING BENEFITS AND TECHNIQUES
- ESTABLISHING EFFECTIVE RELATIONSHIPS WITH HEALTH CARE PROVIDERS SO THAT THEY ALSO SUPPORT PRENATAL WOMEN TO BREASTFEED.

Breastfeeding is the optimal method of infant feeding, providing the new-born with numerous physiological, nutritional and psychological benefits. Therefore, encourage your prenatal participants to breastfeed, but respect the decision of women who choose to use formula.

The following sections outline areas to cover to ensure that participants receive complete and accurate information regarding breastfeeding.

Participant/Nutritionist Contact

Complete guidelines for participant/nutritionist contact are outlined in the "Guidelines for Instituting and Conducting Breastfeeding Promotion Contacts", provided by the state WIC office.

Relationship with Other Health Care Providers

WIC participants' infant feeding decisions are greatly influenced by their health care providers, including obstetricians, pediatricians, family practitioners, obstetrical and pediatric nurses, midwives, nurse practitioners and physician assistants. To successfully promote and support breastfeeding among your participants, integrate your efforts with those of the women's other health care providers by:

1. Informing local health care providers about the role WIC plays in breastfeeding promotion and support. Send or give them materials such as the WIC breastfeeding poster and breastfeeding pamphlets provided to WIC participants. Particularly establish rapport with those providers who care for the majority of your prenatal and breastfeeding participants.

2. Providing information about techniques of breastfeeding management and support.

   - o Discuss with providers specific issues that arise for their patients on WIC, in phone or in person.
   - o Organize inservices for local providers, or participate in an inservice at another health care facility.
   - o Send interested providers a list of professional resources on breastfeeding management and counseling.

3. Coordinating efforts with health care providers to reinforce each other's efforts.

   - o Discuss with providers the breastfeeding concerns and needs of their patients on WIC who seem most in need of a coordinated approach to their care.
   - o Send a questionnaire to local providers to determine their position regarding breastfeeding counseling and support. Determine which providers seem receptive to efforts to increase coordination. Use the results of the questionnaire to plan other activities.
   - o Set up a task force with area providers to determine ways to work together to better promote and support breastfeeding.
   - o Develop a joint protocol with providers in your agency, establishing who should contact patients at what times and which issues should be discussed.

Resource Materials

Make sure the written and audio-visual materials you use with WIC participants are accurate, unbiased and culturally appropriate. Use the E.M.P.O.W.E.R. Manual to evaluate all materials not produced by the state WIC office.

The Relationship Between WIC and the Infant Formula Industry

See the WIC AND THE INFANT FORMULA INDUSTRY section in this Procedure Manual for a complete description of the relationship between the WIC Program and the infant formula industry.

The WIC Food Delivery System

Issue the smallest amount of supplemental formula (either vouchers or cans) a breastfeeding woman may need, to minimize the possibility of replacing breastmilk with formula.

REFERRALS

REFER ALL APPLICANTS AND PARTICIPANTS TO THE FOOD STAMP PROGRAM AND TO THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM IF THEY ARE NOT ALREADY ENROLLED IN THESE PROGRAMS.

REFER ALL APPLICANTS AND PARTICIPANTS TO OTHER HEALTH AND SOCIAL SERVICE PROGRAMS, WHERE APPROPRIATE.

You are responsible for telling WIC applicants and participants about the types of programs and services available to them.

Any member of your staff who has contact with applicants or participants must have access to information for providing appropriate referrals.

Keep a current listing of Federal, State, and local resources that might be helpful for applicants or participants. Update your listings regularly, with information such as:

- Name of program or service
- Types of services available
- Eligibility requirements
- Agency's address and phone number
- Schedules
- Key contact person

DEVELOPING A REFERRAL NETWORK

An effective referral network is dependent upon three factors:

1. Your ability to determine the need to refer a person to another program or service;

2. Having materials available to provide applicants or participants with accurate information about the various resources available;

3. Designing a means of following up referrals that you have made.

Assess the need or the urgency of an applicant's or participant's situation and the ability of the person you are referring to follow through with the referral. In some cases you will need to help the person with the referral (making the initial contact; setting up the appointment, explaining the services, etc.).

Be particularly sensitive to the person's needs when making referrals. Be aware of language barriers and the special needs of the physically challenged, people with emotional problems and people who are reluctant about using social services.

REFERRING PEOPLE TO FOOD STAMPS, A.F.D.C. (WELFARE) AND PROJECT GOOD HEALTH

Refer all applicants and participants to the Food Stamp Program and/or to A.F.D.C. if they are not currently enrolled in these programs. Do not make any assumptions about whether someone might be eligible or not. Be sure that all Medicaid-eligible participants are aware of the benefits of participating in Project Good Health (PGH).

Have information about Food Stamps, A.F.D.C. and PGH available for all WIC applicants and participants.

Provide each applicant or participant with the addresses and telephone numbers of the nearest Food Stamp, A.F.D.C. and PGH offices. Try to establish a regular contact person at each office to facilitate referrals.

REFERRING PEOPLE TO HEALTHY START AND MCH/MIC PROGRAMS

Refer all prenatal women to available Healthy Start and MCH/MIC Programs during their first prenatal visit. Do not make assumptions about whether someone might be eligible or not. This referral information may have an impact at a later date even if a participant does not take immediate action.

DOCUMENTING REFERRALS

Document all referrals you make in the participant's record.

Any staff member may refer and document a health or income-related referral. However, to ensure consistent documentation, the following procedures are recommended:

1. Program staff verifying income should document income-related referrals (to Food Stamps, AFDC, Medicaid, fuel assistance, etc.) on the income eligibility form.

2. Nutrition staff certifying and counseling participants should document health-related referrals (Healthy Start, PGH, etc.) on the certification form.

3. Optional: program staff distributing vouchers could document other referrals (such as Food Pantry, surplus cheese, etc.) on a program-developed "Referrals Made" form kept in the participant's record.

REFERRAL SOURCE LIST

Use this referral source list as a guide to develop a referral list for your own community.

LOCAL	
Department of Manpower Training	Medicaid
Children's protection services	Food Stamps
Children's Aid and family services	AFDC
Early Intervention programs	General Relief
Lead Poisoning Prevention Programs	Employment office
School Health Education coordinators	Housing Authority
Healthy Start	Food pantries
Visiting Nurse Association	Legal services
Mental health services	Catholic Charities
Al-Anon (families of alcoholics)	Office for Children
Family Planning organizations	Head Start
Battered Women's shelter(s)	Alcoholics Anonymous
Food Coop(s)	Narcotics Anonymous
Cooperative Extension Service	Overeaters Anonymous
Council on Aging	Health department
Displaced Homemakers	Hospitals
Samaritans (suicide prevention)	School nurses
Rape Crisis center	EFNEP
Project Good Health	

STATEWIDE	
AIDS Hotline	1-800-342-AIDS
Alcohol Abuse Hotline	1-800-ALCOHOL
Cancer Information Hotline	1-800-4-CANCER
Car Seats	1-800-CAR-SAFE
Child Abuse & Neglect Hotline	1-800-792-5200
Cocaine 24-Hour Hotline	1-800-COCAINE
DDS (Disability Determination)	1-800-462-5015
DES Hotline	1-800-4-CANCER
Elder Abuse Hotline	1-800-922-2275
Food Stamps Hotline (Project Bread)	1-800-645-8333
Healthy Start	1-800-531-BABY
Homelessness Hotline	1-800-462-2400
Lead Paint Hotline	1-800-532-9571
National Runaway Switchboard	1-800-621-4000
Nutrition Hotline	1-800-322-7203
Parental Stress Hotline	1-800-632-8188
Parents Anonymous (parent support groups)	1-800-882-1250
Poison Information Hotline	1-800-682-9211
Pregnancy/Environmental Hotline	1-800-322-5014
Product Safety	1-800-638-2772
Services for Handicapped Children	1-800-882-1435
Smokers Quit Line	1-800-952-7444
Statewide Childhood Injury Prevention (SCIPP)	1-800-227-7233
VD Hotline	1-800-227-8922
Welfare Hotline	1-800-841-2900

ISSUING VOUCHERS TO NEW PARTICIPANTS

NEW PARTICIPANTS ARE ENTITLED TO RECEIVE FOOD VOUCHERS ON THE SAME DAY THAT YOU COMPLETE THEIR CERTIFICATION FOR THE WIC PROGRAM.

SET UP YOUR CERTIFICATION PROCEDURES SO YOU CAN PROVIDE VOUCHERS TO A NEW PARTICIPANT IMMEDIATELY AFTER YOU HAVE COMPLETED HER/HIS CERTIFICATION.

Make sure the certification is complete before issuing vouchers to a new participant.

If the determination of certification is not made until after the appointment, give the participant vouchers at the same time s/he is notified of certification.

Use manual vouchers for a new participant until the computer prints out her/his vouchers, using the information you input.

- If you enroll a new participant before the month's deadline for computer input, the participant will usually receive computer-generated vouchers the next month.
- If you enroll a new participant after the "cut-off" date for computer input, you will have to manually issue the following month's set of vouchers.

NOTE: If you enroll an infant in the month s/he turns 4 months old or after the computer cutoff date in the month s/he turns 3 months old, you must enter a food package for a 5 month old on the input form.

If you enroll a infant in the month s/he turns 11 months old or after the computer cutoff date in the month s/he turns 10 months old, you must enter a food package for a one year old on the input form.

THE COMPUTER WILL NOT AUTOMATICALLY UPDATE PACKAGES FOR THESE INFANTS.

ASSIGNING PARTICIPANT IDENTIFICATION NUMBERS

ASSIGN EACH WIC PARTICIPANT A UNIQUE SEVEN-DIGIT IDENTIFICATION NUMBER.

The WIC participant identification number you assign to a new participant must have seven digits. (The WIC computer adds an eighth digit to the end of your seven-digit number.)

Some possibilities for assigning identification numbers include:

- If your program is in a health center, use the participant's medical record number
- Start with the number 0000001 and continue sequentially
- Start with the site code for the location where the participant picks up vouchers
- Use the first five digits of the number to identify the family, and then the last two digits to identify the participant (for example, using the last two digits of 00 to identify a mother, 01 for the oldest child, 02 for the next, and so on)

The computer's participant masterfile will not accept two participant records with the same 7-digit identification number. Design a system to ensure that you are assigning a unique number to each new participant.

Keep a record of ID numbers and the participants assigned to them. Use your "Participant Listing in Participant I.D. Number Order" report to see which numbers are currently active or inactive in your participant masterfile. See the PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER section in the Voucher System Manual for more information on using this report.

Some methods for monitoring your distribution of identification numbers are:

- Listing a number as you use it and writing next to it the name of the participant to whom you have given the number
- Typing a list of identification numbers and crossing off a number as you use it
- Typing identification numbers on labels and peeling them off sequentially to place on participant files

PREPARING AND DISTRIBUTING MANUAL VOUCHERS

1. ASSIGN EACH NEW PARTICIPANT A UNIQUE WIC IDENTIFICATION NUMBER.

2. RECORD RELEASE OF VOUCHERS FROM INVENTORY ON THE MANUAL VOUCHER LOG.

3. WRITE ON EACH VOUCHER:

   a. Participant's identification number
   b. Participant's name
   c. Local WIC program and site codes
   d. Date that you are issuing the vouchers

4. ENTER THIS INFORMATION ONTO THE MANUAL VOUCHER COMPUTER INPUT FORM.

5. HAVE THE PARTICIPANT (OR AUTHORIZED REPRESENTATIVE) IMMEDIATELY SIGN THE LEFT SIDE OF THE VOUCHER WHERE IT SAYS "SIGNATURE".

6. STAMP THE VOUCHER WITH THE RED "MASS. WIC PROGRAM" VALIDATING STAMP IN THE BOX THAT SAYS "NOT VALID WITHOUT WIC PROGRAM STAMP".

7. HAVE THE PARTICIPANT OR AUTHORIZED REPRESENTATIVE SIGN THE MANUAL VOUCHER INPUT FORM AS A RECEIPT FOR THE VOUCHERS.

8. SEND THE ORIGINAL OF THE FORM TO THE STATE WIC OFFICE.

9. KEEP YOUR SIGNED COPY OF THE COMPUTER INPUT FORM AS A VOUCHER RECEIPT AND AS PART OF YOUR MANUAL VOUCHER REGISTER FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

10. RECORD DISTRIBUTION OF VOUCHERS ON THE MANUAL VOUCHER LOG.

NOTE: If the initial certification date and the voucher pick-up date are different, you may issue enough food vouchers to the participant at initial certification to last her/him until s/he is on a regular voucher schedule. See the COMBINING MANUAL VOUCHERS section of the Voucher System Manual for more information.

For detailed instructions on using manual vouchers, see the Voucher System Manual section of this Procedure Manual.

PARTICIPANT ID CARDS

ISSUE AN IDENTIFICATION CARD TO EACH PARTICIPANT OR HIS/HER AUTHORIZED PARENT/GUARDIAN AT THE TIME OF CERTIFICATION.

ASK TO SEE THE PARTICIPANT ID CARD AT EACH VOUCHER PICK-UP.

Identification cards ensure that only authorized individuals receive vouchers.

At the time of certification, issue an identification card to each participant or authorized guardian of a participant. This card contains the:

1. Local program name and address
2. Participant name and identification number
3. Signature of parent/guardian
4. Signature of proxy, if one is designated
5. Validation stamp with local program number
6. Staff initials, if a proxy is designated and authorization form is received by local program

** You may note the length of the certification period or the last month of vouchers on the card, and issue a new card with each repeat certification.

** You may use the back of the card any way you'd like (e.g., to create a family card, to list pick-up dates, etc.).

** The card remains valid as long as the cardholder is a certified participant in WIC or until either of the signators changes.

POSSESSION OF AN ID CARD ALONE DOES NOT ENTITLE A PARTICIPANT TO VOUCHERS. Use other standards to determine eligibility.

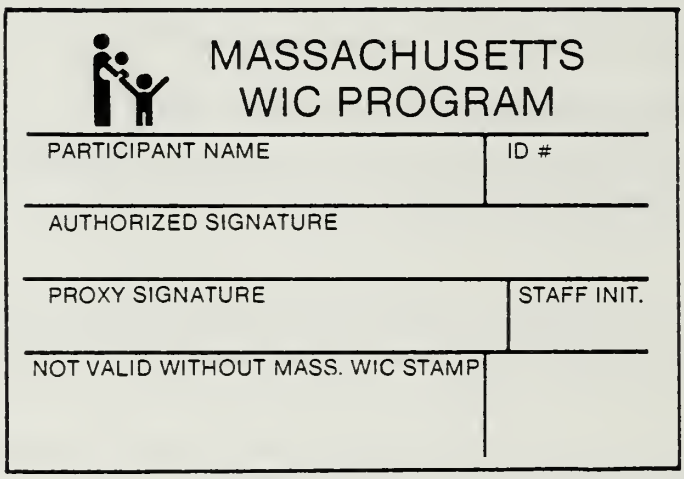
At the time of voucher pick-up, follow these steps:

1. Require participant or authorized representative to present card

2. Compare the signature on the card with the signature in the voucher register or on the manual voucher input form

3. If a proxy is picking up vouchers, follow procedures outlined in the PROXIES section of this Procedure Manual.

4. If you need to replace a lost or stolen ID card, ask to see some form of identification before issuing a new card.



EXPLAINING WIC PROCEDURES

MAKE SURE ALL WIC PARTICIPANTS UNDERSTAND THE WIC PROGRAM AND HOW IT WORKS.

EXPLAIN TO ALL NEW PARTICIPANTS:

1. PARTICIPANT RIGHTS AND RESPONSIBILITIES
2. CERTIFICATION PERIODS
3. HOW TO USE WIC VOUCHERS
4. PROXIES
5. THE RIGHT TO A FAIR HEARING

Take the time to carefully explain the WIC Program and its operations to new participants. This greatly reduces confusion and complications later on.

Educating your participants about the WIC Program and its intentions is good protection against the possibility of abuse by WIC participants.

Use the "Welcome to WIC" filmstrip to explain WIC procedures during group certifications. This filmstrip explains how WIC works and discusses certification procedures, voucher redemption procedures, proxies, and fair hearings.

PARTICIPANT RIGHTS AND RESPONSIBILITIES

MAKE SURE THE PARTICIPANT OR PARENT/GUARDIAN SIGNS THE AFFIDAVIT LISTING "MY RIGHTS AS A WIC PARTICIPANT" AND "MY RESPONSIBILITIES AS A WIC PARTICIPANT" AT EACH CERTIFICATION APPOINTMENT.

HAVE THE PARTICIPANT OR PARENT/CARETAKER SIGN ON THE "SIGNATURE" LINE AT THE BOTTOM OF THE AFFIDAVIT.

SIGN YOUR FULL SIGNATURE AS THE "WITNESS", AND FILL IN THE DATE.

Review the affidavit of rights and responsibilities with the participant at every certification. Explain the affidavit and answer any questions the participant might have. If the participant cannot read, read the affidavit to her/him. Provide the information in the participant's primary language.

Fill in the month, day, and year on which the participant reviewed the affidavit, and put the participant's name and ID number at the top, if the affidavit is not on the back of an Income Eligibility Form with the participant's name and address.

Give each new participant a copy of the affidavit to take home, if possible.

LENGTH OF CERTIFICATION PERIOD

AT EACH WIC CERTIFICATION, EXPLAIN TO THE PARTICIPANT HOW LONG HER/HIS CERTIFICATION PERIOD WILL BE.

Make sure every WIC participant understands that s/he is on the WIC Program for a limited time period, and that when her/his certification period expires, s/he must schedule a repeat certification if s/he is interested in continuing on the WIC Program.

CERTIFICATION PERIODS

Women, pregnant:	For the duration of the pregnancy and up until six weeks postpartum
Women, breastfeeding:	For six months, and as long as the woman continues to breastfeed, up until one year postpartum
Women, postpartum non-nursing:	Up until six months postpartum
Infants:	For six months (unless your program uses the extended certification period for infants in which infants enrolled at four months of age or less are certified until they are 10 months old)
Children:	For six months, up until and including the month in which the child turns five

USING WIC VOUCHERS

EXPLAIN THE VOUCHER REDEMPTION SYSTEM AND REVIEW THE WIC FOODS SPECIFIED ON BOTH THE FRONT AND BACK OF THE VOUCHERS.

DESCRIBE THE PARTICIPANT'S OPTIONS IN CHOOSING A VARIETY OF FOODS.

- MILK: any combination of sizes.
- EGGS: Grade A large eggs.
- JUICE: 100% fruit juice as listed on back of voucher.
- BEANS/PEAS OR PEANUT BUTTER: beans or peas or peanut butter.
- CEREAL: any kinds or sizes adding up to the amount specified on the front of the voucher.
- CHEESE: no cheese food, cheese product or cheese spread. Only domestic cheese, not imported.

EXPLAIN THAT THE PARTICIPANT MUST USE AN ENTIRE VOUCHER AT ONE TIME, BUT THAT S/HE NEED NOT USE ALL OF THE VOUCHERS AT ONCE.

HOW THE VOUCHERS WORK

Say to each new WIC participant:

1. "If you are unable to pick up vouchers in person, you can send a proxy. The proxy must then countersign them at the store.
2. Make sure the WIC staff person stamps all the vouchers.
3. Use the vouchers starting on the issue date printed in the upper right-hand corner of the voucher. You have 30 days from this date to redeem all of the vouchers.
4. Use vouchers only at authorized stores (vendors). (Give the participant a list of WIC vendors.)
5. Buy ONLY the foods specified on the vouchers. These foods are chosen for their specific nutritional value, so substituting other foods is not allowed.

6. You are not required to show identification when using your WIC vouchers.

7. Never allow a vendor to stamp the WIC vouchers before you purchase your food.

8. Do not countersign your vouchers before you get to the store. The store will not accept vouchers already countersigned.

9. At the cashier, separate your WIC purchases from non-WIC purchases, and sort the WIC foods voucher by voucher. The cashier will add up the foods listed on each voucher and write the actual price of the foods in the price block on the voucher. Make sure the voucher price is written in ink and that it matches the actual price of the foods you purchased. Then countersign the voucher.

10. If the WIC vendor discriminates against you in any way, notify us immediately.

11. The store cannot require you to purchase specific brands or types of foods, and the foods you do buy must be fresh.

12. Tell us about any problem you have with WIC vendors."

PROXIES

PARTICIPANTS AND AUTHORIZED PARENTS/GUARDIANS MAY DESIGNATE SOMEONE TO PICK UP VOUCHERS IN SITUATIONS WHEN THEY ARE UNABLE TO DO SO. THIS PERSON IS CALLED A PROXY.

TO AUTHORIZE A PROXY, HAVE THE PROXY AND THE PARTICIPANT OR AUTHORIZED PARENT/GUARDIAN SIGN AND DATE A PROXY AUTHORIZATION FORM.

FILE THE AUTHORIZATION FORM IN THE PARTICIPANT RECORD.

THE PROXY MUST PRESENT THE PARTICIPANT ID CARD WHEN PICKING UP VOUCHERS.

See the Originals Packet for a copy of the Proxy Authorization Form.

DESIGNATING PROXIES

During the initial certification appointment, ask the participant/parent if s/he wishes to designate a proxy (husband, wife, grandparent, caretaker, neighbor, etc.) to pick up vouchers. If s/he does,

1. Give her/him a proxy authorization form and explain how to fill it out.

2. Inform her/him that the proxy must sign the ID card and present it whenever s/he picks up vouchers.

NOTE: if both parents attend the certification appointment, both may read and sign the Affidavit of Rights and Responsibilities and the ID card. Both should sign on the "authorized signature" line. Both are then authorized to pick up vouchers.

AT VOUCHER PICK-UP

1. Ask the proxy for the completed proxy authorization form and file it in the participant's record.

2. Ask to see the participant ID card.

3. Verify receipt of proxy authorization form by initialling the box on the ID card.

4. Compare the proxy signature on the ID card with the signature in the voucher register or on the manual voucher input form.

5. Verify that the proxy knows how to use vouchers.

At each repeat certification, review the proxy designation with the participant. If the proxy remains the same, note this on the proxy authorization form on file. If the proxy assignment changes, collect the old ID card and issue a new card and new authorization form.

OCCASIONAL OR ONE-TIME PROXIES

Explain to participants that if they have not designated a proxy but wish to send an occasional or one-time proxy, they must:

1. Send a dated, signed note of authorization with the proxy

2. Send their participant ID card with the proxy (but do not have her/him sign it)

When the proxy arrives to pick up the vouchers,

3. Compare the signature on the participant's note with the signature on the ID card

4. Explain to the proxy how to use the vouchers

5. Have the proxy sign the note

6. File the note in the participant record

THE RIGHT TO A FAIR HEARING

NOTIFY ALL PARTICIPANTS THAT THEY HAVE THE RIGHT TO CONTEST ANY WIC DECISION WHICH DENIES THEM PARTICIPATION IN THE WIC PROGRAM.

TO CONTEST A DECISION, A PARTICIPANT MAY REQUEST A FAIR HEARING.

KEEP FAIR HEARING PAMPHLETS AND REQUEST FORMS VISIBLE AND READILY AVAILABLE TO WIC PARTICIPANTS.

APPLYING FOR A FAIR HEARING

Applicants or participants may request a fair hearing verbally or in writing, from the local WIC program or from the state WIC office.

If an applicant or participant thinks s/he may want to apply for a fair hearing, give her/him a copy of the explanatory pamphlet, "WHAT IS A WIC FAIR HEARING?"

If the applicant or participant wishes to request a fair hearing, s/he may either:

- complete a "REQUEST FOR A FAIR HEARING" form and mail it to the state WIC office within 90 days after s/he was notified of the decision s/he wishes to appeal. (Offer to help her/him complete this form.)

OR

- request a fair hearing directly from the state WIC office at 1-800-WIC-1007.

See the FAIR HEARINGS section of this Procedure Manual for information on the format of the hearing, notification deadlines, and continuation of benefits pending the hearing.

MONTHLY VOUCHER DISTRIBUTION

EVERY MONTH, DISTRIBUTE VOUCHERS TO ALL YOUR WIC PARTICIPANTS.

The computer prints vouchers with an assigned voucher issue date according to the information you enter into the computer after you first certify the participant.

Distribute the vouchers on or as close as possible to the issue date printed on the vouchers. This gives your participants the maximum amount of time to purchase and use their food during the month.

Many WIC programs use the monthly voucher pick-ups for more than just voucher distribution. Some possibilities include:

- Providing secondary nutrition contacts, either individually or in groups
- Handing out nutrition education materials and newsletters
- Notifying participants of changes in program policies
- Updating the participant's address and telephone number
- Weighing and measuring infants and pregnant women
- Distributing and collecting the Nutrition Education Survey
- Distributing and collecting the Participant Shopping Survey

ASSIGNING PICK-UP DAYS

ASSIGN ONLY THE 1st THROUGH THE 27th OF THE MONTH AS PICK-UP DATES.

There are many different ways to assign voucher pick up days to WIC participants. Choose one that best fits into your program procedures. Some possibilities are:

- Assigning pick-up dates by the date of a participant's initial certification.

  For example, if a participant were certified on the 7th, her/his pick-up date would be the 7th of each month.

- Assigning pick-up dates alphabetically, using the first letter of the last name of the participant or primary caretaker.

  Decide ahead of time whose name to use as a standard so that family members with different last names will not have different pick-up dates.

- Assigning all participants to one of a few selected pick-up dates.

  For example, if you are at a certain site every Wednesday, assign the participants at that site to one of four pick-ups a week apart (the 1st, 8th, 15th or 22nd).

Use the Participant Report to monitor the distribution of your pick-up dates so that you do not have too many participants coming in at the same time.

Make sure that different members of the same family or neighbors who share transportation are able to come in together.

SCHEDULING VOUCHER PICK-UPS

ARRANGE YOUR VOUCHER PICK-UPS TO BEST SUIT THE NEEDS OF YOUR PROGRAM.

SCHEDULE VOUCHER PICK-UPS SO THAT PARTICIPANTS CAN PICK UP THEIR VOUCHERS AS CLOSE AS POSSIBLE TO THE ISSUE DATE ON THEIR VOUCHERS.

There are many options for scheduling voucher distribution appointments.

- Some programs schedule individual time- and day-specific appointments.
- Some programs give participants a range of times in which they can come in for vouchers.
- Some programs distribute vouchers to participants in groups.
- Some programs choose not to give out voucher appointments at all, but let their participants know their pick-up day and when the local WIC office is open for voucher distribution.
- Some programs arrange voucher appointments so that each monthly voucher pick-up is also an organized nutrition education session.

PRO-RATING

Explain to participants the importance of picking up their WIC vouchers on time in order to get the maximum nutritional benefits, and advise them that late pick-ups may result in a partial package being issued. See the PRO-RATING section of this Procedure Manual.

Establish procedures for advising and warning participants about late voucher pick-ups. Only distribute such vouchers as can be reasonably utilized by the participant.

ISSUING COMPUTER-GENERATED VOUCHERS

MAKE SURE YOU HAVE ALL OF THE VOUCHERS FOR THE PARTICIPANT, AND THAT THE COMPUTER PRODUCED THE CORRECT VOUCHERS.

WHEN ISSUING THE VOUCHERS:

1. HAVE THE PARTICIPANT OR PROXY SIGN THE VOUCHERS IN THE SPACE MARKED "SIGN AT WIC PROGRAM".

2. VALIDATE THE VOUCHERS WITH THE RED "MASS. WIC PROGRAM" STAMP IN THE BOX MARKED "NOT VALID WITHOUT MASS. WIC PROGRAM STAMP".

3. HAVE THE PARTICIPANT (OR PROXY) SIGN THE VOUCHER REGISTER FOR EACH SET OF VOUCHERS.

4. IMMEDIATELY WRITE YOUR INITIALS AND THE DATE NEXT TO THE PARTICIPANT'S SIGNATURE(S) IN THE VOUCHER REGISTER.

EVEN IF YOU HAVE RETURNED THE COMPUTER-GENERATED VOUCHERS TO THE STATE WIC OFFICE, A WIC PARTICIPANT IS ENTITLED TO RECEIVE VOUCHERS UP UNTIL 30 DAYS FROM THE VOUCHER ISSUE DATE.

If a participant is entitled to receive her/his vouchers and you have returned the computer-issued vouchers as undistributed vouchers in the belief that they would not be used, issue the participant manual vouchers with the same issue date as the original vouchers. See the PRO-RATING section of this Procedure Manual.

If for some reason you issue both manual and computer-issued vouchers (for example, the participant requests a package change which necessitates changing only a few of the vouchers), remember to have the participant sign both the Manual Voucher Input Form and the Voucher Register.

For more information on distributing computer-generated vouchers, see the Voucher System Manual section of this Procedure Manual.

PRO-RATING

PRO-RATING ENCOURAGES TIMELY PICK-UP OF VOUCHERS AND FACILITATES OPTIMAL UTILIZATION OF WIC FOODS.

IF A PARTICIPANT IS LATE IN PICKING UP VOUCHERS, YOU SHOULD PRO-RATE THE FOOD PACKAGE.

When pro-rating vouchers, determine whether:

1. there is good and sufficient cause for the late pick-up
2. the participant can reasonably utilize the full amount of WIC foods, and
3. pro-rating would create a hardship for the participant.

PRO-RATING SCHEDULE

The general rule for pro-rating is:

- two weeks from voucher pick-up date, deduct one voucher
- three weeks from voucher pick-up date, deduct two vouchers
- four weeks from voucher pick-up date, deduct three vouchers

See the following chart for details.

RETURNING PRO-RATED VOUCHERS

- Void the unused vouchers.
- Circle the corresponding serial numbers on the voucher register and write "VP" next to them
- Return the vouchers to the state office promptly.

See the SCHEDULING VOUCHER PICK-UPS section of this Procedure Manual.

Massachusetts WIC Program
PRORATING SCHEDULE

WOMEN'S PACKAGES

	01	07	08	09	10	11
After 2 weeks	31	20	25	29	58	46
After 3 weeks	31 + 21	20 + 21	25 + 25	29 + 29	58 + 58	46 + 43
After 4 weeks	31 + 21 + 32	20 + 21 + 23	25 + 25 + 24	29 + 29 + 28	58 + 58 + 57	46 + 43 + 44

	12	13	14
After 2 weeks	48	52	63
After 3 weeks	48 + 48	52 + 52	63 + 60
After 4 weeks	48 + 48 + 50	52 + 52 + 50	63 + 60 + 61

CHILDREN'S PACKAGES

	01	02	03	04	05	06
After 2 weeks	31	33	37	25	39	55
After 3 weeks	31 + 21	33 + 34	37 + 37	25 + 18	39 + 41	55 + 55
After 4 weeks	31 + 21 + 32	33 + 34 + 35	37 + 37 + 28	25 + 25 + 18	39 + 41 + 42	55 + 55 + 54

INFANTS' PACKAGES

	15	16	17	18	19	20
After 2 weeks	15	15	01	01	-	-
After 3 weeks	15 + 14	15 + 14	01 + 01	01 + 01	15	15
After 4 weeks	15 + 14 + 14	15 + 14 + 14	01 + 01 + 01	01 + 01 + 01	15 + 14	15 + 14

	21	22	23	24	25	26
After 2 weeks	-	-	-	-	-	17
After 3 weeks	-	-	15	-	08	17 + 17
After 4 weeks	07	15	15 + 07	08	08 + 07	17 + 17 + 16

	27	28	29
After 2 weeks	-	-	-
After 3 weeks	17	01	01
After 4 weeks	17 + 16	01 + 02	01 + 02

SPECIAL NEEDS PACKAGES

	78	79	80	81	82	83	84
After 2 weeks	-	-	-	-	66	68	12
After 3 weeks	12	05	12	05	66 + 65	68 + 65	12 + 11
After 4 weeks	11 + 12	05 + 06	11 + 12	05 + 06	66 + 65 + 67	68 + 65 + 64	12 + 11 + 10

	85	86	87	88	89	90	91
After 2 weeks	15	13	01	02	12	12	05
After 3 weeks	15 14	13 + 15	01 + 01	02 + 02	12 + 11	12 + 11	05 + 05
After 4 weeks	15 + 14 + 10	13 + 15 + 10	01 + 01 + 01	02 + 02 + 10	12 + 11 + 11	12 + 11 + 11	05 + 05 + 05

	92	93	94	95	96	97	98
After 2 weeks	05	2 03s	2 03s	2 03s	-	-	-
After 3 weeks	05 + 05	4 03s	4 03s	4 03s	-	-	04
After 4 weeks	05 + 05 + 05	6 03s	6 03s	6 03s	04	4	04 + 1

REPEAT CERTIFICATIONS

EACH MONTH, IDENTIFY PARTICIPANTS WHOSE CERTIFICATION PERIOD IS ABOUT TO EXPIRE.

NOTIFY EACH PARTICIPANT IN WRITING AT LEAST 15 DAYS BEFORE HER/HIS CERTIFICATION PERIOD EXPIRES.

SCHEDULE A REPEAT CERTIFICATION APPOINTMENT IF THE PARTICIPANT WANTS TO CONTINUE RECEIVING WIC BENEFITS.

TO BE RECERTIFIED FOR WIC, A PARTICIPANT MUST MEET THE SAME ELIGIBILITY REQUIREMENTS AS FOR INITIAL CERTIFICATION: CATEGORICAL, GEOGRAPHICAL, INCOME, AND NUTRITIONAL RISK.

A repeat certification is functionally like an initial certification -- it is an opportunity for you to determine whether a person is eligible to participate in the WIC Program.

At least 15 days before the end of a participant's certification period, send the participant the "END OF CERTIFICATION PERIOD LETTER" to notify her/him that the certification period is almost over and that s/he must be certified again in order to continue on the WIC Program. See the END OF CERTIFICATION PERIOD section of this Procedure Manual for more information.

If you require Medical Referral Forms at recertifications, give or mail the appropriate form ("Medical Referral Form" or "or Repeat Certification of Infants and Children" form to the participant with the "END OF CERTIFICATION PERIOD LETTER".

IDENTIFYING PARTICIPANTS DUE FOR REPEAT CERTIFICATION

ESTABLISH A SYSTEM TO IDENTIFY PARTICIPANTS WHOSE CERTIFICATION PERIOD IS ABOUT TO EXPIRE SO THAT YOU CAN PROVIDE TIMELY NOTIFICATION AND SCHEDULE A REPEAT CERTIFICATION APPOINTMENT.

There are two basis systems used to identify participants due for recertification: computer-generated reports and records of participant certification history.

COMPUTER REPORTS FLAGGING PARTICIPANTS DUE FOR RECERTIFICATION NEXT MONTH

- Voucher Register - flagged with a "1" to the left of the participant's name
- Participant Report - flagged with "RECERT NEXT MONTH" to the left of the participant's name
- Due for Recert Next Month (Reports 1A, 1B) - lists all participants due for recertification next month based on certification and recertification dates.

RECORDS OF PARTICIPANT CERTIFICATION HISTORY

- Certification form - notes most recent certification date
- Flowsheet in participant's record - may note date of most recent certification, month certification period expires, voucher pick-up history
- Voucher pick-up card (separate from participant's record) - may note date of most recent certification, month certification period expires, voucher pick-up history.
- WIC ID card/appointment card - may note most recent certification date, month certification period expires.

In order to ensure identification of each participant whose certification period is about to expire, it is recommended that you check some record of each participant's certification history (other than computer reports) each month prior to giving her/him vouchers.

SCHEDULING REPEAT CERTIFICATIONS

OFFER THE PARTICIPANT A REPEAT CERTIFICATION APPOINTMENT IN THE MONTH FOLLOWING THE MONTH HER/HIS CERTIFICATION PERIOD EXPIRES.

SET UP AN APPOINTMENT SYSTEM FOR REPEAT CERTIFICATIONS THAT BEST MEETS YOUR STAFFING PATTERN AND CAPABILITIES.

If possible, schedule a participant's repeat certification appointment as close as possible to her/his regular voucher pick-up date in order to avoid interruption of benefits if the participant is still eligible to continue on WIC.

Have the participant help select an appointment time that is convenient for her/him.

There are several types of repeat certification appointments:

- Group sessions, with participants selected by risk factor or WIC status (for example: WIC infants, overweight children).
- Group nutrition education sessions supplemented by individual counseling sessions (for example: breastfeeding for new mothers, feeding finicky eaters).
- Individual counseling and recertification sessions.

THE REPEAT CERTIFICATION APPOINTMENT

AT THE REPEAT CERTIFICATION APPOINTMENT:

1. DETERMINE THAT THE PARTICIPANT IS STILL CATEGORICALLY ELIGIBLE
2. VERIFY AND DOCUMENT THE PARTICIPANT'S GEOGRAPHIC AND INCOME ELIGIBILITY
3. COMPLETE A NUTRITION ASSESSMENT FOR THE PARTICIPANT AND DETERMINE WHETHER THE S/HE IS AT NUTRITIONAL RISK AND IN A PRIORITY SERVED BY YOUR PROGRAM.

** IF THE PARTICIPANT IS ELIGIBLE AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Certify her/him for the duration of another certification period.

   Verify and document her/his address and telephone number.

2. Review the affidavit of participant rights and responsibilities with her/him.

3. Give the participant vouchers.

4. Arrange subsequent voucher appointment(s).

** IF THE PARTICIPANT IS NO LONGER ELIGIBLE OR IN A PRIORITY YOU DO NOT CURRENTLY SERVE:

1. Explain the reason to the participant very clearly.

2. Give her/him a "NO LONGER ELIGIBLE LETTER" stating the reason for her/his ineligibility.

   See the INELIGIBILITY AT REPEAT CERTIFICATION section of this Procedure Manual.

3. Do not give the participant any vouchers; her/his certification period has expired.

4. Advise her/him of the right to appeal the decision by requesting a fair hearing.

5. Explain that s/he may reapply.

6. If s/he is in a priority you do not currently serve, ask if s/he would like to be put on your waiting list. If so, give her/him a "WAITING LIST NOTIFICATION LETTER" and file her/his completed Medical Referral Form with your waiting list or keep a record of her/his name, address, phone number, date of birth, status (W1, W2, W3, I, C), and priority with your waiting list.

   See the following sections of this Procedure Manual: WAITING LIST STATUS and APPLICATIONS WITH A WAITING LIST.

7. Follow appropriate termination procedures. Document in the chart that you distributed the "END OF CERTIFICATION PERIOD LETTER" and the "NO LONGER ELIGIBLE LETTER", and, if appropriate, the "WAITING LIST NOTIFICATION LETTER".

   See the TERMINATIONS section of this Procedure Manual.

IDENTIFYING PARTICIPANTS INELIGIBLE TO RECEIVE VOUCHERS UNLESS/UNTIL RECERTIFIED

ESTABLISH A SYSTEM TO ENSURE THAT PARTICIPANTS WHO HAVE NOT BEEN RECERTIFIED DO NOT CONTINUE TO RECEIVE VOUCHERS AFTER THEIR CERTIFICATION PERIOD HAS EXPIRED.

The computer produces vouchers for a participant for 2 months after the end of the six-month certification period.

- the seventh month of vouchers becomes the first month of vouchers in a new certification period if the participant is recertified

- The 8th month of vouchers is produced in case the participant fails to get recertified in the 7th month, or the input for the 7th month recertification is not correctly submitted, or recertification is done after input cutoff in the 7th month.

A participant is not eligible for either of these sets of vouchers unless s/he has been recertified.

In order to avoid giving vouchers to a participant whose certification period has expired and who has not been recertified, it is recommended that you check some record of each participant's certification history (other than computer reports) each month prior to giving her/him vouchers.

REASONS FOR OVERDUE RECERTIFICATION

Participants are identified as being overdue for recertification this month for the following reasons:

- recertification data was not submitted/accepted last month

- recertification data was submitted after cutoff last month

- recertification has not occurred

There are two basic ways to identify participants who are overdue for recertification and thus ineligible to receive vouchers: using computer-generated reports, and using records of the participant's certification history.

COMPUTER REPORTS SHOWING PARTICIPANTS NOT ELIGIBLE TO RECEIVE VOUCHERS UNLESS/ UNTIL RECERTIFIED

- Voucher Register - flagged with a code to the left of the participant's name

  "2" Participant due for recertification this month, not eligible for vouchers until recertified

  "3" Participant was due for recertification last month, not eligible for vouchers unless/until recertified

- Participant Report - flagged with message to the left of the participant's name

  "RECERT THIS MONTH" - participant due for recertification this month, not eligible for vouchers until recertified

  "RECERT OVERDUE" - participant was due for recertification last month, not eligible for vouchers unless/until recertified

- Due for Recert This Month (Reports 2A, 2B) - lists all participants due for recertification this month; none are eligible for vouchers until recertified.

- 1 Month Overdue for Recert (Reports 3A, 3B) - lists all participants who were due for recertification last month; none are eligible for vouchers unless/until recertified.

RECORDS OF PARTICIPANT CERTIFICATION HISTORY

- Certification form - notes most recent certification date

- Flowsheet in participant's record - may note date of most recent certification, month certification period expires, voucher pick-up history, scheduled appointments, no-shows

- WIC ID card/appointment card - may note most recent certification date, month certification period expires, scheduled appointments

Participants who have been identified in computer reports as being overdue for recertification this month will be automatically terminated next month. Each month before input cutoff, investigate the status of each of these participants and:

- o resubmit certification data for participants recertified before input cutoff last month and enter "R" in the Termination Code box on the Participant Input Form

- o Terminate participants who have not been recertified according to your missed appointment policy.

MISSED APPOINTMENTS

DEVELOP AND USE A STANDARD PROCEDURE FOR FOLLOWING UP ON MISSED APPOINTMENTS.

See the following sections for guidance on missed certification/recertification and voucher pick-up appointments.

MISSED CERTIFICATION/RECERTIFICATION APPOINTMENTS

DEVELOP A POLICY FOR YOUR PROGRAM REGARDING MISSED CERTIFICATION AND RECERTIFICATION APPOINTMENTS.

REGARDLESS OF YOUR INDIVIDUAL POLICY REGARDING MISSED APPOINTMENTS, FOLLOW STANDARD PROCEDURE FOR NOTIFICATION OF TERMINATION.

The following are some policies individual programs have developed regarding missed certification/recertification appointments:

- Limit participants to either one, two or three missed apppointments. After the limit is reached, file the records of those applying for an initial certification, and terminate those participants who were not recertified after the end of their certification period.

- Mail a letter after the first missed appointment stating that the participant has ___ days or until (date) in which to reschedule or to keep an appointment. The actual number of appointments scheduled for the participant is of no consequence, as long as the participant has rescheduled or is seen by the deadline.

- Include a statement on the "END OF CERTIFICATION PERIOD LETTER" warning the participant that unless a recertification appointment is completed by (date), s/he must reapply.

NOTIFICATION OF TERMINATION

The "END OF CERTIFICATION PERIOD LETTER" serves as notification of termination for participants who do not keep a repeat certification appointment. Document distribution of this letter in the participant's record.

Regardless of your program's missed appointment policy, follow the standard termination procedures as outlined in the TERMINATION PROCEDURES section of this Procedure Manual.

MISSED VOUCHER PICK-UP

IF PARTICIPANTS DO NOT PICK UP THEIR VOUCHERS, NOTIFY THEM IN WRITING THAT THEY WILL BE TERMINATED IF THEY DO NOT PICK UP THEIR VOUCHERS FOR TWO CONSECUTIVE MONTHS.

NOTIFY PARTICIPANTS OF POSSIBLE TERMINATION AT LEAST 15 DAYS BEFORE THE SECOND SET OF MISSED VOUCHERS EXPIRES.

TERMINATE PARTICIPANTS WHO DO NOT PICK UP THEIR VOUCHERS FOR TWO CONSECUTIVE MONTHS.

RESCHEDULING MISSED APPOINTMENTS

Use the same procedure for rescheduling a missed voucher appointment as the one used to schedule the initial voucher pick-up. See the SCHEDULING VOUCHER PICK-UPS section in this Procedure Manual.

When rescheduling missed voucher pick-ups, try to have participants pick up their vouchers as close as possible to the voucher issuance date printed on the vouchers.

TERMINATION DUE TO MISSED VOUCHER PICK-UP

1. Mail the "MISSED VOUCHERS LETTER" after the first set of vouchers is not picked up as a reminder/warning and a notification of termination. Use the date the second set of vouchers expires as the possible termination date. No additional letter need be sent if the second set of vouchers is not picked up.

   See the TERMINATION DURING THE CERTIFICATION PERIOD section of this Procedure Manual.

2. Implement a system for following up on participants who receive a "MISSED VOUCHERS LETTER", to ensure that those who miss the subsequent voucher pick-up are terminated. For example:

   - As you write "MISSED VOUCHERS LETTERs", note participants' names under their possible termination dates on a calendar or in an appointment book. Review the calendar daily and terminate participants who have not picked up their second set of vouchers.

   - Keep an alphabetical listing of participants who miss voucher pick-up each month. Compare each month's list to the previous month's list to identify names appearing on both, and terminate these participants.

SERVICES TO SPECIAL NEEDS POPULATIONS

IDENTIFY AND PROVIDE SERVICES TO THE SPECIAL NEEDS POPULATIONS IN YOUR CATCHMENT AREA.

IDENTIFYING HIGH-RISK POPULATIONS

You are responsible for effectively assessing who your high risk populations are, where they are located in your catchment area, and how they can be targeted through WIC referral/outreach efforts.

Use the following data to determine high risk groups in your catchment area:

- 1980 Census data
- Local demographic statistics (e.g. City Hall, local health centers or hospitals)
- School Board statistics
- Department of Public Health statistics

See the following sections for more information on:

- o Native Americans and Migrants
- o Homeless Persons
- o Non-English Speaking Persons
- o Racial/Ethnic Minorities

NATIVE AMERICANS AND MIGRANTS

MAKE A SPECIAL EFFORT TO SERVE NATIVE AMERICANS AND MIGRANTS IN YOUR CATCHMENT AREA.

NOTIFY MEMBERS OF MIGRANT FARMWORKER HOUSEHOLDS OF THEIR ELIGIBILITY OR INELIGIBILITY WITHIN 10 DAYS OF THE DATE OF THEIR FIRST INQUIRY.

Maintain contact with the organizations in your communities that provide services to migrant agricultural workers and to Native Americans.

Use organizations such as the Indian Council and farmworkers' unions as sources of referrals for your program.

Make sure that these organizations have information about the WIC Program and understand the eligibility requirements.

Enroll eligible members of migrant farmworker households within 10 days of their application to WIC if the household may leave your catchment area soon. Provide these participants with a completed Verification of Certification form immediately to prevent disruption of benefits when they move on, perhaps without opportunity to notify you.

A migrant participant's income eligibility is valid for 12 months. When recertifying a migrant participant, check her/his VOC card for the date her/his income eligibility was last determined.

HOMELESS PERSONS

MAKE EVERY EFFORT TO ENSURE ACCESSIBILITY OF WIC SERVICES TO HOMELESS WOMEN, INFANTS AND CHILDREN WHO MEET WIC ELIGIBILITY CRITERIA.

Homeless families and individuals include anyone residing in a vehicle, park, hallway, doorstep, sidewalk, abandoned building, temporary shelter, hotel or motel. Consider these persons as high-risk for WIC services.

Homeless women and children may have compromised health and nutrition status as well as high levels of anxiety and stress. Display special sensitivity when gathering application and certification information.

CERTIFICATION PROCEDURES

Make every effort to certify the homeless applicant immediately. Modify the certification procedure as follows:

1. If the applicant does not have a permanent address, use the address of a frequently-used shelter, a relative or friend, or the WIC program. A mailing address is required for processing input and voucher issuance.

2. If the applicant has income but no written verification, write "self-declaration" on the documentation line of the income form.

3. If health care is not accessible to the applicant, do blood tests and measurements in the WIC office. Have your nutritionist complete the Medical Referral Form, or refer the applicant to your agency's health care provider. Refer the applicant to a local health care provider if s/he is covered by health insurance.

4. If the applicant does not have storage facilities for WIC foods:

   a) Tailor the food package by using manual vouchers to:

      - offer larger amounts of less perishable foods and smaller amounts of more perishable foods (but do not exceed the amounts specified in the federal regulations)

      - offer canned evaporated milk and/or dry milk powder

      - offer ready-to-feed formula

b) Offer specific education concerning use and storage of foods:

- discuss spreading out redemption of vouchers over the 4-week period
- offer food storage and sanitation information when applicable

REFERRALS

Refer homeless applicants and participants to all appropriate health and human service agencies within your area, such as:

* local Welfare/AFDC client assistance services	617-292-8900 Boston 1-800-841-2900 statewide
* Homelessness Hotline (DSS)	1-800-462-2400
* Food Stamps Hotline (Project Bread)	1-800-645-8333
* Mass Law Reform (legal services)	617-742-7250
* food pantries/meal programs	Call Project Bread Hunger Hotline (617-523-0710) for listing
* local shelters	Call the DSS Homelessness Hotline (1-800-462-2400) for listing

Make referral calls on behalf of the homeless applicant to food and shelter resources, and offer supermarket gift certificates if appropriate and available.

OUTREACH

Contact and distribute outreach materials to local agencies offering services to homeless families and individuals.

RACIAL/ETHNIC MINORITIES

MAKE EVERY EFFORT TO ENSURE ACCESSIBILITY OF WIC SERVICES TO RACIAL/ ETHNIC MINORITIES WHO MEET WIC ELIGIBILITY CRITERIA.

Maintain contact with health providers and social service agencies who provide services to racial and ethnic minorities. Make sure they have information about the WIC program and understand the eligibility requirements.

Also maintain contact with agencies and organizations that assist refugees and immigrants in the resettlement process. These organizations include:

- International Institutes
- Mutual Assistance Associations (MAA)
- Massachusetts Office of Refugees and Immigrants
- churches serving these populations.

DETERMINING RACIAL/ETHNIC BACKGROUND

Federal regulations require that you designate, for reporting purposes, the racial/ethnic background of each participant as one of the following:

A. White, not of Hispanic Origin
B. Black, not of Hispanic Origin
C. Hispanic
D. American Indian or Alaskan Native
E. Asian or Pacific Islander

Determine a participant's racial/ethnic background by either:

- asking the participant to classify herself

- making the determination based on surname or appearance.

Enter this information on the Participant Input Form.

NON-ENGLISH SPEAKING PERSONS

ADAPT YOUR PROGRAM'S PROCEDURES TO ENABLE YOU TO PROVIDE WIC SERVICES TO APPLICANTS AND PARTICIPANTS WHO DO NOT SPEAK ENGLISH.

IDEALLY, INTERPRETERS SHOULD BE BICULTURAL AS WELL AS BILINGUAL.

YOU CANNOT REQUIRE PARTICIPANTS TO BRING THEIR OWN INTERPRETERS.

Civil rights regulations prohibit discrimination in any program activity based on national origin. Therefore, participants cannot be required to bring a translator to the WIC program.

If the population in your catchment area is multilingual, your staff should be multilingual as well.

If you cannot find staff who speak the language(s) of your participants, use interpreters. There are many ways you can provide your participants with translators:

- Use the interpreters that are available in your host agency.
- Use interpreters from other community service agencies.
- Use bilingual students from local schools to help you translate.
- Schedule appointments in such a way that bilingual participants can help non-English speaking applicants and participants.
- If all else fails, ask the participants to bring an English-speaking relative or friend (not their child) with them to translate.

The state WIC office has a wide variety of nutrition education and WIC materials in the following languages: Spanish, Portuguese, French, Chinese, Vietnamese, Cambodian, and Laotian. If you develop your own materials, translate them into the languages you need.

PARTICIPANT VIOLATIONS OF THE WIC PROGRAM

YOU MAY DISQUALIFY A WIC PARTICIPANT IF YOU PROVE THAT S/HE IS IN VIOLATION OF WIC PROGRAM RULES AND REGULATIONS.

There are three categories of abuse under which a participant may be disqualified from the WIC Program. They are:

1. Administrative Abuse This includes:

   - knowingly and deliberately misrepresenting medical or income data in order to obtain WIC benefits

2. Voucher System Abuse This includes:

   - participating in more than one WIC Program or WIC program site simultaneously ("dual participation")
   - selling supplemental foods or food vouchers, or exchanging foods or food vouchers, with other individuals or vendors
   - receiving cash or credit from WIC vendors toward purchase of unauthorized food or other items in exchange for supplemental food or food vouchers
   - stealing WIC vouchers
   - alleging that WIC vouchers were stolen or lost in order to receive two sets of vouchers.

3. Verbal/Physical Abuse This includes:

   - verbally or physically threatening local WIC program staff or WIC vendors.

DOCUMENTING ABUSE

DOCUMENT ANY INFORMATION PROVING THAT A WIC PARTICIPANT IS IN VIOLATION OF THE WIC PROGRAM BEFORE YOU TAKE ANY ACTION AGAINST HER/HIM.

KEEP CONFIDENTIAL THE NAMES OF PERSONS SUBMITTING COMPLAINTS OF PARTICIPANT ABUSE.

COMPLAINTS BY WIC STAFF

Document the complaint in writing and file it in the participant's record.

OTHER COMPLAINTS

If someone other than a member of your staff submits a complaint against a WIC participant, explain to her/him that you cannot take any action against the participant unless the person bringing the complaint is willing to provide a written statement explaining the violation/complaint.

Include in the statement the name of the WIC participant who is in alleged violation of the program, the grounds for complaint(s), the place where the violation took place (if applicable), the date when the incident(s) occurred, and the full signature of the person submitting the complaint.

IMPOSING PENALTIES

BEFORE IMPOSING ANY PENALTY, NOTIFY THE PARTICIPANT OF THE CLAIM(S) MADE AGAINST HER/HIM, THE POSSIBLE PENALTY, AND THE RIGHT TO A FAIR HEARING.

NOTIFYING THE PARTICIPANT OF THE COMPLAINT

Before you impose any penalty (including a written warning), notify the participant of the alleged claim(s) made against her/him, the possible penalty, and her/his right to a fair hearing if s/he is disqualified.

NOTE: You may inform a participant of an accusation made against her/him even if a written statement has not been provided, and base any further inquiry on the participant's response.

DETERMINING THE PENALTY

The program director decides what penalty, if any, should be imposed upon a participant based on the severity of the violation and the hardship that such penalty would create for the participant or the participant's children. Some options are:

- issuing a warning notice to the participant to cease the abusive activity
- requiring the participant to reimburse the state WIC office for the amount of food received in violation of WIC regulations
- requiring a written apology to WIC staff or vendors who were verbally or physically abused
- disqualifying the participant for a specific time period, not to exceed three months
- imposing other sanctions as defined by the state WIC office.

NOTIFYING PARTICIPANTS OF PENALTIES

If you decide to sanction a participant for program abuse:

1. Send a letter to the participant outlining the abuse and the penalty to be imposed. Include a sentence saying, "Imposition of this penalty does not preclude any other penalties under State, federal or local law", and inform the participant of her/his right to a fair hearing.

2. File a copy of the letter in the participant's record.

3. Send a copy to the state WIC office.

See the TERMINATION DURING CERTIFICATION PERIOD section of this Procedure Manual.

FAIR HEARINGS

A FAIR HEARING IS A HEARING PROCEDURE THROUGH WHICH APPLICANTS OR PARTICIPANTS MAY APPEAL WIC PROGRAM DECISIONS WHICH RESULT IN THEIR DENIAL OF PARTICIPATION OR DISQUALIFICATION FROM THE WIC PROGRAM.

SCHEDULING FAIR HEARINGS

As soon as the state WIC office staff receive a request for a fair hearing, they notify the Department of Public Health (DPH). DPH schedules the hearing within three weeks of their receipt of a request, in a location convenient to the person requesting the hearing.

DPH notifies the person requesting the hearing, in writing, at least 10 days before the date for which the hearing is scheduled.

Prior to the hearing date, the hearing may be rescheduled by the applicant or participant, the local WIC program, or the hearing officer, but only with advance notice to all parties involved.

Any time before the date of the fair hearing, the person requesting the hearing may withdraw by asking, in writing, that the hearing be cancelled.

THE FAIR HEARING PROCEDURE

The Commissioner of Public Health appoints an impartial officer to conduct the hearing. This means the hearing officer is not involved in the decision that is under appeal.

WIC fair hearings are informal. The applicant or participant can bring legal counsel or anyone else to represent her/him (but the Department of Public Health will not cover this expense).

At the hearing, the participant and the local WIC program each have the opportunity to present their cases and any supporting documentation or information.

FAIR HEARING DECISIONS

Within 45 days of the initial receipt of the request for a hearing, the hearing officer mails her/his decision to both parties.

The signed decision of the hearing officer is final. If the hearing officer decides in favor of the applicant or participant, you must fully implement the decision within seven days after receiving the decision.

If the participant is dissatisfied with the final decision of the hearing officer, s/he has the right to a judicial review by filing a complaint with the Superior Court in the county where s/he resides or works or in Suffolk County within thirty days after the effective date of the hearing decision.

The state WIC office keeps a written record of all hearings.

CONTINUATION OF WIC PARTICIPATION PENDING A FAIR HEARING

Termination During A Certification Period

If you suspend or terminate participants from the WIC program during a certification period and you receive their fair hearing requests within 15 days of the notification, they are entitled to continue to receive WIC vouchers and nutrition care pending the hearing decision.

Denial of Initial Application

If a person is appealing the denial of an initial WIC application, s/he is not eligible to receive WIC vouchers and nutrition care pending the results of the hearing.

No Longer Eligible at Repeat Certification

A person found no longer eligible for WIC benefits at a repeat certification is not eligible to receive WIC vouchers and nutrition care pending the hearing decision.

TRANSFERS

USE THE SAME POLICY FOR IN-STATE AND OUT-OF-STATE TRANSFERS.

ENROLL ALL TRANSFERRING PARTICIPANTS FOR THE DURATION OF THEIR CURRENT CERTIFICATION PERIOD, WHETHER THEY ARE IN A PRIORITY YOU CURRENTLY SERVE OR NOT.

TRANSFERRING PARTICIPANTS HAVE 60 DAYS FROM THE ISSUE DATE OF THEIR LAST SET OF VOUCHERS OR UNTIL THE END OF THEIR CERTIFICATION PERIOD (WHICHEVER COMES FIRST) TO EITHER PICK UP VOUCHERS AT THE NEW WIC PROGRAM OR RETURN TO THEIR OLD WIC PROGRAM TO RE-ENROLL.

TRANSFERS OUT OF YOUR PROGRAM

1. Check the expiration date of each participant's certification period.

   - If the certification period will last for six weeks or more, transfer the participant immediately using steps 2 through 6 below.

   - If the certification period will expire within six weeks, try to recertify the participant before transferring her/him.

   - If the certification period will expire within six weeks and you can't recertify the participant because s/he has or will have moved, set up a recertification appointment at the new program.

2. Contact the program to which the participant is transferring to arrange for the first voucher pick-up. If this is not possible, explain to the participant that s/he must make the arrangements her/himself, and that s/he must pick up the next vouchers within 60 days or by the end of the certification period, whichever comes first; otherwise s/he will have to reapply for WIC benefits.

3. Complete the Verification of Certification (VOC) form as completely as possible. For transfers within Massachusetts, see the Program List for complete information about the new WIC program.

Fill in the "Date Certification Expires" with the last month in the current certification period or the last month the participant will be categorically eligible (6 weeks postpartum, 6 months postpartum, 1 year postpartum, 5 years old), whichever comes first.

Use:

a. One copy for the participant
b. One copy for the program to which the participant is transferring
c. One copy for the participant's file

4. If the participant is transferring in-state, send a complete copy of the most recent certification records to the participant's new WIC program within one week of the transfer request. (When a participant signs the affidavit of rights and responsibilities at a certification, s/he automatically gives you permission to make copies of her/his records for a transfer.) Include:

- Completed VOC form
- Most recent Certification form
- Most recent "Income Eligibility Form"
- Most recent "Rights and Responsibilities" form (signed)
- Growth chart (optional but helpful).

5. If the participant is transferring out-of-state, fill out the VOC form, give a copy to the participant, and either:

o Send copies of the certification records with the participant

or

o Tell the participant to have the new WIC program request the certification records from you.

6. Terminate each transferring participant's computer record using the standard termination procedure.

See the TERMINATION PROCEDURES section of this Procedure Manual.

7. Document the termination on the "Income Eligibility Form".

See the TERMINATION PROCEDURES section of this Procedure Manual.

8. Attach a copy of the VOC form to the terminated record.

TRANSFERS INTO YOUR PROGRAM

Enroll all transfers, including out-of-state, for the duration of their current certification period, whether or not you are currently serving their priority.

Massachusetts Transfers

1. When a Massachusetts participant arrives at your program for vouchers, ask for her copy of the completed Massachusetts transfer form and a current Massachusetts WIC ID card (or other form of identification).

2. Check the VOC form to see if the participant is still eligible to receive vouchers.

   - If the certification period has expired or if more than 60 days has passed since receipt of vouchers, schedule a certification/repeat certification appointment. Do not issue vouchers until certification is complete.

   - If the participant is still eligible for benefits, issue vouchers but not sooner than one month after the issue date of the last set received. (You do not have to have copies of the participant's record before you can issue vouchers.)

3. Set up a certification record for the duration of the participant's certification period. At a minimum, the participant must have a VOC form.

4. Issue vouchers to the participant as close as possible to one month from the issue date of the previous set of vouchers.

5. Explain your program's rules.

6. Enter the participant's record into your computer file using the actual certification dates.

   - Be sure to enter the most recent certification date, or the computer will purge the record from the participant masterfile because it is too old.

   - If the "most recent certification date" is different from the "initial certification date", be sure to enter both dates on the Type 1 input form.

   - If you cannot determine the participant's priority from the VOC card, have a nutritionist attempt to determine the appropriate priority to enter on the input form.

7. If a transferring participant comes to your program without a VOC form or without having notified the former program of plans to transfer, contact the former program to:

   - verify certification
   - request copies of the most recent Certification, Rights and Responsibilities and Income Eligibility forms
   - request data for completing the VOC form.

   Then complete the VOC form. Send one copy to the former program, give one copy to the participant, and file one in the participant record.

8. If you receive a VOC form and certification forms from another Massachusetts WIC program but the participant doesn't appear before her/his certification period expires or within 60 days of receipt of the last set of vouchers, file the records with your initial "no shows".

Out-of-State Transfers

1. If a participant arrives at your program with a valid "Verification of Certification" (VOC) card or with a valid state-produced transfer form and a valid personal ID, complete the steps outlined under MASSACHUSETTS TRANSFERS using the information on the out-of-state form.

   Also:

   3. The participant must have a valid VOC card or a valid out-of-state transfer form.

   5. Have the participant read and sign the "Rights and Responsibilities" form.

   You do not need to fill out the Massachusetts transfer form.

   NOTE: It is not necessary to obtain a participant's out-of-state certification records; however, you may request them to help ensure continuity of nutrition care for the participant. You may need to ask the participant to authorize release of the records.

MASSACHUSETTS WIC PROGRAM

VERIFICATION OF CERTIFICATION/INTERAGENCY TRANSFER FORM

Current WIC Program:

Name of Program

Street

City/Town Zip Code

( ) Telephone

Staff name (print)

Staff signature Date

New WIC Program:

Name of Program

Street

City/Town Zip Code

( ) Telephone

Family's new address:

Street

City/town Zip code

( ) Telephone

Note to current WIC program: Please send most recent Certification form, Income Eligibility form, Rights and Responsibilities form for each participant to new WIC Program.

Names of participants in family	ID number	EDC/ DOB	Initial certif. date	Most recent certif. date*	Date cert. expires**	Food pkg.	Priority and current certification reason	Date last voucher picked up**
1.								
2.								
3.								
4.								

Comments:

* Income eligibility determined on this date.

** Next vouchers must be picked up within 60 days of last voucher pick-up or before date certification expires, whichever comes first. Otherwise, participant must reapply for benefits.

Hotline number for Massachusetts WIC: (1)800-WIC-1007

Notice to out-of-state WIC programs: Participant has authorized release of records. Please request from WIC Program indicated above.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington D.C. 20250.

NOTIFICATION REQUIREMENTS

PROVIDE WRITTEN NOTIFICATION OF INELIGIBILITY FOR/EXPIRATION OF WIC BENEFITS TO:

- APPLICANTS FOUND INELIGIBLE AT INITIAL CERTIFICATION
- APPLICANTS OR PARTICIPANTS PLACED ON A WAITING LIST
- PARTICIPANTS WHO BECOME INELIGIBLE DURING A CERTIFICATION PERIOD
- PARTICIPANTS WHOSE CERTIFICATION PERIOD IS ABOUT TO EXPIRE
- PARTICIPANTS FOUND INELIGIBLE AT REPEAT CERTIFICATION

DOCUMENT THE NOTIFICATION IN THE APPLICANT'S OR PARTICIPANT'S RECORD.

All notification letters referred to in this section are included in the Originals Packet.

INELIGIBILITY AT INITIAL CERTIFICATION

IF APPLICANTS ARE FOUND INELIGIBLE FOR WIC BENEFITS AT INITIAL CERTIFICATION, NOTIFY THEM IN WRITING OF THEIR INELIGIBLITY AND OF THEIR RIGHT TO A FAIR HEARING.

GIVE/SEND NOTIFICATION WITHIN 20 DAYS OF YOUR RECEIPT OF THE APPLICATION (10 DAYS FOR HIGH RISK APPLICANTS).

Use the "NOT ELIGIBLE LETTER" to notify applicants that they are not eligible for WIC. Give or send this letter within 20 days of your receipt of their application (10 days for high risk applicants).

Document notification by:

** attaching a copy of the "NOT ELIGIBLE LETTER" to the application (MRF)

OR

** noting on the application that notification was given, the reason for ineligibility, the date of notification and staff initials.

NOTE: File records of ineligible applicants separately from records of terminated participants. See the PARTICIPANT RECORDS section of this Procedure Manual.

WAITING LIST STATUS

IF YOU PLACE APPLICANTS OR PARTICIPANTS ON A WAITING LIST, NOTIFY THEM IN WRITING OF THEIR WAITING LIST STATUS AND THEIR RIGHT TO A FAIR HEARING.

Use the "WAITING LIST LETTER" to notify applicants and participants that they have been put on a waiting list.

** Give this notification to applicants within 20 days of your receipt of their application (10 days for high risk applicants)

** Give this notification to participants at the end of a certification period, after you have determined that they are in a priority you are not currently serving.

Document notification by:

- attaching a copy of the "WAITING LIST LETTER" to the Medical Referral Form or other record of application

OR

- noting on the MRF or other record of application the reason for waiting list status, date of notification, and your initials.

TERMINATION DURING CERTIFICATION PERIOD

PARTICIPANTS MAY BE TERMINATED DURING A CERTIFICATION PERIOD FOR CATEGORICAL INELIGIBILITY, MISSED VOUCHER PICK-UPS, OVER-INCOME, NO LONGER BREASTFEEDING, AND ABUSE OF WIC PROGRAM BENEFITS.

NOTIFY THESE PARTICIPANTS IN WRITING NOT LESS THAN 15 DAYS BEFORE THEIR TERMINATION DATE, AND TELL THEM OF THEIR RIGHT TO A FAIR HEARING.

CATEGORICAL INELIGIBLITY

Use the "NO LONGER ELIGIBLE LETTER" to notify participants that their WIC benefits are about to expire because they are no longer categorically eligible. This includes children turning 5 years old, non-breastfeeding women at 6 months postpartum, and breastfeeding women at 1 year postpartum.

Give the "NO LONGER ELIGIBLE LETTER" to participants with their last set of vouchers. If they do not pick up the last set of vouchers, mail the notification at least 15 days before the vouchers expire.

Document notification by:

- filing a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

- noting in the participant's record that the notification was given, including the reason for categorical ineligibility, the date notification was given, and your initials.

MISSED VOUCHER PICK-UP

Use the "MISSED VOUCHERS LETTER" to warn participants of possible termination due to failure to pick up vouchers. Mail this letter:

** immediately after the first missed voucher pick-up

OR

** at the end of the month in which the first set of vouchers was not picked up

OR

** upon the expiration of the first set of vouchers not picked up.

Use the date the second set of vouchers will expire as the possible termination date. If a second consecutive set of vouchers is not picked up, additional notification of termination is not necessary. (See the MISSED VOUCHER PICK-UP section of this Procedure Manual,

Document notification by:

-- filing a copy of the "MISSED VOUCHERS LETTER" in the participant's record

OR

-- noting in the participant's record that the "MISSED VOUCHERS LETTER" was sent, including the date it was sent, the date of possible termination, and your initials.

OVER-INCOME

Participants may become ineligible during a certification period if a family member is found to be over income at a certification or repeat certification.

Use the "NO LONGER ELIGIBLE LETTER" to notify participants that their WIC benefits are about to expire because they are no longer income eligible. Give participants this letter at the time ineligibility is determined for the other family member.

Give the participant a last set of vouchers if the issue date falls before 15 days after income ineligibility is determined and the "NO LONGER ELIGIBLE LETTER" is given.

Document notification by:

-- filing a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

-- noting in the participant's record that the "NO LONGER ELIGIBLE LETTER" was given, the date it was given, the reason for termination, the last set of vouchers given, and your initials.

NO LONGER BREASTFEEDING

Women who stop breastfeeding may become ineligible for benefits during a certification period.

- o Women who stop breastfeeding after 6 months postpartum are no longer categorically eligible for WIC benefits.

- o Women who stop breastfeeding before 6 months postpartum are still eligible as Priority IVB or Priority VI postpartum women, but if your program is not serving one or both of these priorities, terminate them and put them on your waiting list.

Use the "NO LONGER ELIGIBLE LETTER" to notify women who have stopped breastfeeding that their WIC benefits are about to expire. Give them this letter at the time they notify you that they have stopped breastfeeding.

- ** Check "no longer breastfeeding" if their baby is more than 6 months old

- ** Check "at nutritional risk, but there are applicants at higher risk on the waiting list" if they could be enrolled as Priority IVB or Priority VI but your program is not currently serving these priorities.

Give women a last set of vouchers if the issue date falls before 15 days after the "NO LONGER ELIGIBLE LETTER" is given.

Give a "WAITING LIST NOTIFICATION LETTER" to Priority IVB and Priority VI women if you terminate them.

Document notification by:

-- filing a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

-- noting in the participant's record that the "NO LONGER ELIGIBLE LETTER" was given, the date it was given, the reason for termination, the last set of vouchers given, and your initials.

Keep a record of Priority IVB and Priority VI women who have been terminated and put on the waiting list.

ABUSE OF WIC PROGRAM BENEFITS

Sanction a participant for program abuse by:

1. Sending a letter to the participant outlining the abuse and the penalty to be imposed. Include a sentence saying, "Imposition of this penalty does not preclude any other penalties under State, federal or local law," and notify the participant of her/his right to a fair hearing.

2. Filing a copy of the letter in the participant's record.

3. Sending a copy to the state WIC office.

INELIGIBILITY AT REPEAT CERTIFICATION

IF PARTICIPANTS ARE FOUND NO LONGER ELIGIBLE FOR WIC BENEFITS AT REPEAT CERTIFICATION, NOTIFY THEM IN WRITING OF THEIR INELIGIBILITY AND THEIR RIGHT TO A FAIR HEARING.

Use the "NO LONGER ELIGIBLE LETTER" to notify participants of their ineligibility to continue WIC benefits. Check the appropriate reason for ineligibility:

- no longer living is Massachusetts
- no longer income eligible
- no longer at nutritional risk
- at nutritional risk but there are applicants at higher risk on the waiting list
- no longer breastfeeding

Document notification by:

** putting a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

** noting that the notification letter was given, the date it was given, the reason for ineligibility, and staff initials.

NOTE: Be sure to document distribution of the "END OF CERTIFICATION PERIOD LETTER" in the records of participants who are found ineligible at recertification or who are put on a waiting list at recertification.

EXPIRATION OF CERTIFICATION PERIOD

IF A PARTICIPANT'S CERTIFICATION PERIOD IS ABOUT TO EXPIRE, NOTIFY HER/HIM IN WRITING NOT LESS THAN 15 DAYS BEFORE THE END OF THE CERTIFICATION PERIOD.

DOCUMENT DISTRIBUTION OF THE "END OF CERTIFICATION PERIOD LETTER" IN THE RECORDS OF PARTICIPANTS WHO ARE FOUND INELIGIBLE AT RECERTIFICATION, WHO ARE PUT ON A WAITING LIST AT RECERTIFICATION, OR WHO FAIL TO COMPLETE RECERTIFICATION.

INFANTS AND CHILDREN

Use the "END OF CERTIFICATION PERIOD LETTER" to notify participants that their 6-month certification period is about to expire.

Give this letter to participants at least 15 days before the end of the certification period:

** with the last (sixth) set of vouchers in the certification period. This provides 30 days notice, since the certification period expires when the vouchers expire.

OR

** with the next to last (fifth) set of vouchers in the certification period. This gives participants ample time to prepare for recertification or for the end of their participation on WIC.

OR

** by mail if the participant has missed the last voucher pickup in the certification period. The participant must receive the letter at least 15 days before the last (sixth) set of vouchers expires.

Document notification by:

-- putting a copy of the "END OF CERTIFICATION PERIOD LETTER" in the participant's record

OR

-- noting in the participant's record that the letter was given/mailed, the date the letter was given/mailed, the last set of vouchers in the expiring certification period, and your initials.

POSTPARTUM WOMEN

Use a modified form of the "END OF CERTIFICATION PERIOD LETTER" to notify women who were on WIC prenatally and who have just delivered that their certification period ends when their baby is 6 weeks old. Give this notification to women as soon as they notify you that their baby has been born. (Their last set of vouchers will be the last set with an issue date before the day their infant becomes 6 weeks old.)

Document notification by:

-- putting a copy of the modified "END OF CERTIFICATION PERIOD LETTER" in the participant's record which includes the woman's date of delivery

OR

-- noting in the participant's record that the letter was given/mailed, the date the letter was given/mailed, the delivery date, the last set of vouchers given, and your initials.

NON-DISCRIMINATION (CIVIL RIGHTS STATEMENT)

NOTIFY ALL APPLICANTS AND PARTICIPANTS THAT WIC IS AN EQUAL-OPPORTUNITY PROGRAM.

INCLUDE THE CIVIL RIGHTS STATEMENT ON ALL PRINTED MATERIALS PRODUCED FOR MASS DISTRIBUTION WHICH CONTAIN INFORMATION REGARDING PARTICIPATION REQUIREMENTS, PROGRAM BENEFITS, ELIGIBILITY OR PUBLIC NOTIFICATION.

This is the standard "Civil Rights Statement":

> This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

See the Originals Packet for camera-ready translations in Spanish, Cambodian, Vietnamese, Laotian, Portuguese, Chinese and French.

INCLUDE THE CIVIL RIGHTS STATEMENT ON:

- vendor posters
- fair hearing information
- letters for missed appointments
- notices of ineligibility or disqualification
- outreach materials
- referral materials
- letters of invitation to public hearings
- newsletters discussing program benefits

DO NOT INCLUDE THE CIVIL RIGHTS STATEMENT ON:

- nutrition education materials
- participant ID cards
- food lists
- policy publications

TERMINATIONS

REMOVE PARTICIPANTS FROM ACTIVE PARTICIPATION IN THE WIC PROGRAM DUE TO INELIGIBILITY AS DEFINED BY FEDERAL REGULATIONS AND STATE AND LOCAL POLICY.

TERMINATION MAY TAKE PLACE BOTH IN MID-CERTIFICATION AND AT THE END OF A CERTIFICATION PERIOD.

REASONS FOR TERMINATION

TERMINATE PARTICIPANTS FROM THE WIC FOR INELIGIBILITY OR NON-COMPLIANCE WITH WIC PROGRAM POLICIES AND PROCEDURES.

The following is a list of reasons a participant may be terminated from the WIC Program. See the Procedure Manual section listed next to each item for more information.

REASON	PROCEDURE MANUAL SECTION
DURING CERTIFICATION PERIOD	
Categorical ineligibility (done automatically by the computer)	CATEGORICAL ELIGIBILITY
Participant stops breastfeeding	CATEGORICAL ELIGIBILITY
	APPLICATIONS WITH A WAITING LIST
Income ineligibility	INCOME ELIGIBILITY
Missed voucher pick-up	MISSED VOUCHER PICKUP
Participant fraud and abuse	PARTICIPANT VIOLATIONS OF THE WIC PROGRAM
Transfer	TRANSFERS

REASON	PROCEDURE MANUAL SECTION
AT END OF CERTIFICATION PERIOD	
Geographical ineligibility	GEOGRAPHICAL ELIGIBILITY
Income ineligibility	INCOME ELIGIBILITY
No longer at nutritional risk	NUTRITIONAL RISK
Higher priorities waiting	NUTRITIONAL RISK
	APPLICATIONS WITH A WAITING LIST
No repeat certification appointment	MISSED CERTIFICATION/RECERTIFICATION APPOINTMENTS

TERMINATION PROCEDURES

DEVELOP AND FOLLOW A PROTOCOL FOR PROCESSING TERMINATIONS IN A CONSISTENT AND TIMELY MANNER WHICH INCLUDES:

1. NOTIFYING PARTICIPANT
2. DOCUMENTING TERMINATION IN PARTICIPANT RECORD
3. SENDING COMPUTER INPUT TO STATE OFFICE
4. FILING TERMINATED RECORDS IN APPROPRIATE MANNER

INCLUDE IN THE TERMINATED PARTICIPANT RECORD ALL FORMS DOCUMENTING ELIGIBILITY AND NOTIFICATION OF TERMINATION.

NOTIFICATION OF TERMINATION

Inform all participants, in writing, of impending termination at least 15 days prior to termination. See the NOTIFICATION REQUIREMENTS section in this Procedure Manual.

DOCUMENTING TERMINATIONS

Document the termination notification in the participant's record on the bottom of the Income Eligibility form:

** Reason - Check the appropriate reason.

- o Fill in the date of delivery for postpartum women (6 wk PP)
- o Note the 2 months of missed voucher pick-up (Missed _____ & _____ VPU)

** Date of termination OR Last set of vouchers given - In most cases, note the last set of vouchers given to the participant. For participants who missed 2 months of vouchers, write the date the second missed set expired.

** Type of notification - Use a code to note the type of letter(s) given/ mailed to the participant.

- o Document distribution of the "END OF CERTIFICATION PERIOD LETTER" for all terminations occurring at repeat certification (no longer eligible, waiting list, no recertification) when the participant's certification period has expired.
- o Give the "WAITING LIST NOTIFICATION LETTER" to Priority VI women if they submit a postpartum Medical Referral Form.

** Date given/mailed

** Staff initials

Example A: 5 year-old categorically ineligible

TERMINATION DOCUMENTATION
Reason
5 years old(1) ✓ | Non-resident(3) ___ | Missed _____ & _____ VPU(4)
1 year PP-BF(1) ___ | Transfer to(3) _____ | No Repeat Cert.(5) ___
6 mo. PP (1) ___ | Over income(7) ___ | Other _____
No longer BF(1,8) ___ | No nutr. risk(2) ___
6 wk PP(8) ___ | Waiting list(8) ___
(DOD _____)

Date of termination _____ OR Last set of vouchers given June 08

Type of notification no longer elig. Date given/mailed 6/9/87 Staff init. MP

MA WIC 5/87 WIC Form #98

Example B: Priority 6 postpartum woman

TERMINATION DOCUMENTATION
Reason
5 years old(1) ___ | Non-resident(3) ___ | Missed _____ & _____ VPU(4)
1 year PP-BF(1) ___ | Transfer to(3) _____ | No Repeat Cert.(5) ___
6 mo. PP (1) ___ | Over income(7) ___ | Other _____
No longer BF(1,8) ___ | No nutr. risk(2) ___
6 wk PP(8) ✓ | Waiting list(8) ___
(DOD 8/14/87)

Date of termination _____ OR Last set of vouchers given Sept 12

Type of notification no longer elig, waiting list Date given/mailed 9/14/87 Staff init. MP

MA WIC 5/87 WIC Form #98

Example C: Over income at repeat certification

TERMINATION DOCUMENTATION
Reason

5 years old(1)	____	Non-resident(3)	____	Missed ____ & ____	VPU(4)
1 year PP-BF(1)	____	Transfer to(3)	____	No Repeat Cert.(5)	____
6 mo. PP (1)	____	Over income(7)	✓	Other ____	
No longer BF(1,8)	____	No nutr. risk(2)	____		
6 wk PP(8)	____	Waiting list(8)	____		
(DOD ____)					

Date of termination ____ OR Last set of vouchers given June 21

Type of notification end of cert., no longer elig. Date given/mailed 6/22/87 7/21/87 Staff init. MP

MA WIC 5/87 WIC Form #98

Example D: Waiting list at repeat certification

TERMINATION DOCUMENTATION
Reason

5 years old(1)	____	Non-resident(3)	____	Missed ____ & ____	VPU(4)
1 year PP-BF(1)	____	Transfer to(3)	____	No Repeat Cert.(5)	____
6 mo. PP (1)	____	Over income(7)	____	Other ____	
No longer BF(1,8)	____	No nutr. risk(2)	____		
6 wk PP(8)	____	Waiting list(8)	✓		
(DOD ____)					

Date of termination ____ OR Last set of vouchers given July 03

Type of notification end of cert. no longer elig. waiting list Date given/mailed 7/3/87 8/5/87 Staff init. MP

MA WIC 5/87 WIC Form #98

Example E: Did not pick up vouchers for two months

TERMINATION DOCUMENTATION
Reason

5 years old(1)	____	Non-resident(3)	____	Missed June & July	VPU(4)
1 year PP-BF(1)	____	Transfer to(3)	____	No Repeat Cert.(5)	____
6 mo. PP (1)	____	Over income(7)	____	Other ____	
No longer BF(1,8)	____	No nutr. risk(2)	____		
6 wk PP(8)	____	Waiting list(8)	____		
(DOD ____)					

Date of termination 8/16/87 OR Last set of vouchers given May 17

Type of notification missed VPU Date given/mailed 7/17/87 Staff init. MP

MA WIC 5/87 WIC Form #98

Example F: No show for repeat certification

TERMINATION DOCUMENTATION

Reason

5 years old(1)	___	Non-resident(3)	___	Missed ___ & ___	VPU(4)
1 year PP-BF(1)	___	Transfer to(3)	___	No Repeat Cert.(5)	✓
6 mo. PP (1)	___	Over income(7)	___	Other ___	
No longer BF(1,8)	___	No nutr. risk(2)	___		
6 wk PP(8)	___	Waiting list(8)	___		
(DOD ___)					

Date of termination _____ OR Last set of vouchers given July 03

Type of notification end of cert Date given/mailed 7/3/87 Staff init. MP

MA WIC 5/87 WIC Form #98

DOCUMENTING TERMINATIONS

REASON	CODE	DATE OF TERM OR LAST SET OF VOUCHERS	TYPE OF NOTIFICATION *
5 years old	1	last set	A
1 year postpartum/breastfeeding	1	last set	A
6 months postpartum	1	last set	A
No longer breastfeeding (after 6 months postpartum)	1	last set	A
No longer breastfeeding (non-teen before 6 months postpartum, when Priority VI not served)	8	last set	A, C
6 weeks postpartum (note date of delivery)	8	last set	A or D, C if PP MRF submitted
Non-resident	3	last set	A, D
Transfer	3	last set	transfer form
Over-income (at recert)	7	last set	A, D
Over-income (mid-cert period)	7	last set	A
No nutritional risk	2	last set	A, D
Higher priorities waiting	8	last set	A, D, C
Missed 2 months of vouchers (note which 2 months missed)	4	date of termination	B
Not recertified	5	last set	D

* KEY FOR LETTERS:

A. No Longer Eligible Letter
B. Missed Vouchers Letter
C. Waiting List Notification Letter
D. End of Certification Period Letter

You may also document termination by putting a copy of the notification letter(s) in the participant's record if the letter(s) include:

- the reason for termination
- the last set of vouchers given or the date of termination
- the date notification was given/mailed
- staff initials
- the date of delivery for non-breastfeeding, postpartum women

COMPUTER INPUT FOR TERMINATION

Submit computer input for terminations promptly to ensure accurate caseload statistics and to prevent unnecessary voucher production. See the CODES FOR PARTICIPANT INPUT FORMS section in the Voucher System Manual for termination codes for computer input.

FILING INACTIVE RECORDS

Include all forms documenting a participant's original eligibility in the terminated record, including:

- o Assessment and certification forms
- o Income Eligibility form(s)
- o Affidavit of Rights and Responsibilities
- o Medical Referral Form(s)
- o Any other forms used for certification or documentation (e.g., growth charts)

Keep all terminated records for seven years from the end of the fiscal year to which the record pertains. See the RECORDKEEPING and PARTICIPANT RECORDS sections of this Procedure Manual.

NOTE: Do not file the following with your terminated records: applications (MRFs) of ineligible applicants and applicants who never showed up for initial certification.

STANDARD FORMS AND FORM LETTERS

USE THE STANDARD FORMS AND FORM LETTERS PROVIDED TO YOU BY THE STATE WIC OFFICE SO THAT ALL PROGRAMS FOLLOW STANDARD PROCEDURES, ALL PARTICIPANTS RECEIVE UNIFORM NOTIFICATION, AND ALL WIC RECORDS CONTAIN STANDARD INFORMATION.

ORDER STATE-PRODUCED FORMS FROM THE STATE WIC OFFICE USING THE MASSACHUSETTS WIC PROGRAM ORDER FORM.

MAKE COPIES OF ALL OTHER FORMS USING THE CLEAN COPIES IN YOUR ORIGINALS PACKET.

MAINTAIN AN ADEQUATE SUPPLY OF FORMS SO THAT YOU DO NOT RUN OUT.

The following sections outline in detail the forms and form letters that you are required to use for all WIC functions: referral, nutrition assessment, certification, food delivery, participant notification, fair hearings, CPA approval, fiscal reporting, vendor selection, vendor contracting, and monitoring.

Each section (Administrative, Nutrition, Fiscal, Food Delivery, Vendor Forms, and Vendor Letters) has a chart listing all the forms for that section, the languages they are available in, and where to get them.

- Some forms are printed by the state WIC office in large quantities.
- Some forms and form letters are included in an "Originals Packet" so you can make copies as needed.
- Some forms are updated regularly and sent directly to you

EXCEPT FOR THE FORMS MARKED ON THE CHART WITH AN *, YOU ARE REQUIRED TO USE ALL THE FORMS OUTLINED IN THE FOLLOWING SECTIONS.

ADMINISTRATIVE FORMS AND FORM LETTERS

USE THE ADMINISTRATIVE FORMS PROVIDED BY THE STATE WIC OFFICE SO THAT CERTIFICATION, FAIR HEARING, AND TRANSFER PROCEDURES ARE CONSISTENT ACROSS THE STATE.

USE THE PROGRAM FORM LETTERS PROVIDED BY THE STATE WIC OFFICE SO THAT ALL WIC PARTICIPANTS RECEIVE THE SAME INFORMATION ABOUT ELIGIBILITY AND TERMINATION.

SEE THE "ORIGINALS PACKET" FOR BLANK COPIES OF ALL REQUIRED FORM LETTERS. MAKE COPIES ON YOUR LETTERHEAD AS NEEDED.

FORMS

The "Originals Packet" lists all the program forms you are required to use, the languages in which they are available, and where to get them.

See the following sections in this Procedure Manual for detailed instructions on how to use each form:

FORM	PROCEDURE MANUAL SECTION (Part IV.A)
Income Eligibility/Rights and Responsibilities Form	DOCUMENTING INCOME PARTICIPANT RIGHTS AND RESPONSIBILITIES
Participation Count	CASELOAD MANAGEMENT
Participation Tally	CASELOAD MANAGEMENT
Request for a Fair Hearing	THE RIGHT TO A FAIR HEARING
Verification of Certification/ Interagency Transfer Form	TRANSFERS
What is a WIC Fair Hearing?	THE RIGHT TO A FAIR HEARING

FORM LETTERS

The "Originals Packet" lists all the form letters you are required to use for participant notification, and the languages in which they are available.

** These form letters meet all the notification requirements established by Federal regulation and the state WIC office. (You may develop your own letters, but they must include all the information contained in the standard letters.)

** Copy the blank letters in the "Originals Packet" onto your program's letterhead. Be sure to include a phone number and the name of a contact person.

See the following sections in this Procedure Manual for detailed instructions on using each form letter:

FORM LETTER	PROCEDURE MANUAL SECTION (Part IV.A)
End of Certification Period Letter	EXPIRATION OF CERTIFICATION PERIOD
Missed Vouchers Letter	TERMINATION DURING CERTIFICATION PERIOD
No Longer Eligible Letter	TERMINATION DURING CERTIFICATION PERIOD
	INELIGIBILITY AT REPEAT CERTIFICATION
Not Eligible Letter	INELIGIBILITY AT INITIAL CERTIFICATION
Waiting List Notification Letter	WAITING LIST STATUS

LOCAL PROGRAM PRODUCED MATERIALS

- Any materials which you produce yourself to provide information regarding participation requirements, program benefits, eligibility, and public notification must contain the current non-discrimination clause.

  See the NON-DISCRIMINATION (CIVIL RIGHTS STATEMENT) section in this Procedure Manual.

- Any materials which you produce to provide information regarding eligibility determination must contain information on fair hearings and the Massachusetts WIC hotline number (1-800-WIC-1007).

  See the sections entitled FAIR HEARINGS and THE RIGHT TO A FAIR HEARING in this Procedure Manual.

- Any promotional materials you produce must include the following clause:

  - "The Massachusetts Department of Public Health provides funds for these services."

NUTRITION FORMS

USE THE NUTRITION FORMS PROVIDED BY THE STATE WIC OFFICE SO THAT CERTIFICATION AND CPA APPROVAL PROCEDURES ARE CONSISTENT ACROSS THE STATE.

The "Originals Packet" lists all the nutrition forms which you are required to use, the languages in which they are available, and where to get them.

See below for instructions on using each form. NOTE: the Instructions Guides for Assessment and Certification are not part of the Procedure Manual.

FORM	PROCEDURE MANUAL SECTION (Part IV.A)
Calculating Age a/o Date of Measurement (DOM)	Instruction Guides for Assessment and Certification of: o Infants o Children
Certification forms	Instruction Guides for Assessment and Certification of: o Pregnant Women o Postpartum and Lactating Women o Infants o Children
Counseling Evaluation Guides	NUTRITION CARE
CPA Approval Forms	THE COMPETENT PROFESSIONAL AUTHORITY
Healthy Start Referral Form	REFERRALS
Medical and Dental Referral Forms	APPLICATIONS
Nutrition Education Action Plan	NUTRITION EDUCATION ACTION PLAN
Nutrition Education Survey	PARTICIPANT EVALUATION OF NUTRITION EDUCATION

FISCAL FORMS

USE THE FORMS PROVIDED BY THE STATE WIC OFFICE AND/OR THE DEPARTMENT OF PUBLIC HEALTH'S CENTRAL CONTRACT UNIT TO REPORT EACH FISCAL YEAR'S EXPENDITURES AND TO REQUEST BUDGET AMENDMENTS.

REVISED FORMS AND GUIDELINES FOR THEIR USE ARE ISSUED FOR EACH FISCAL YEAR.

The "Originals Packet" lists all the fiscal forms you are required to use and indicates where to get them.

See below for instructions on using fiscal forms:

FORM	PROCEDURE MANUAL SECTION (Part IV.C)
Budget Amendment forms	See * below
Closeout forms	See * below
Contract forms	See * below
Monthly Expenditure Report forms	See * below
Payment Voucher	See § below
Property Management form	FISCAL RECORDS
Receipt of Equipment Notice	FISCAL RECORDS

* Contact Carey Toran, Department of Public Health, WIC Program, 150 Tremont Street, 3rd floor, Boston, MA 02111

§ State-funded programs contact Alden Wells, Department of Public Health, Central Contracts Unit, 150 Tremont Street, Boston, MA 02111

Federal-funded programs contact Enid Markovitz, Department of Public Health, Central Contracts Unit, 150 Tremont Street, Boston, MA 02111

FOOD DELIVERY FORMS

THE STATE AGENCY PROVIDES YOU WITH FORMS TO STANDARDIZE AND SIMPLIFY VOUCHER GENERATION, DISTRIBUTION AND INVENTORY PROCEDURES.

The "Originals Packet" lists all the food delivery forms you are required to use, and indicates where to get them.

See the following Procedure Manual sections for detailed information on using each of these forms:

FORM	PROCEDURE MANUAL SECTION (Part V.A)
Input Log	BATCHING MANUAL VOUCHER INPUT FORMS
Manual Voucher Input Form	PREPARING MANUAL VOUCHER INPUT FORMS
Manual Voucher Order Form	ORDERING MANUAL VOUCHER PACKAGES
Monthly Inventory of Manual Vouchers	MONTHLY INVENTORY CHECK
Participant Input Form	PARTICIPANT INPUT FORMS
	ADDING A PARTICIPANT ONTO THE PARTICIPANT MASTERFILE
	CHANGING PARTICIPANT INFORMATION ON A PARTICIPANT RECORD ALREADY IN THE PARTICIPANT MASTERFILE
Proxy Authorization Form	PROXIES (Procedure Manual Part IV)
Record of Staff Signatures and Initials for FY ___	RECORD OF STAFF SIGNATURES AND INITIALS

VENDOR FORMS

THE STATE AGENCY PROVIDES YOU WITH FORMS TO STANDARDIZE AND SIMPLIFY VENDOR SELECTION, AUTHORIZATION AND REVIEW PROCEDURES.

The "Originals Packet" lists all the forms you are required to use in vendor contracting and monitoring, and indicates where to get them.

See the Procedure Manual sections listed below for detailed information on using each of these forms:

FORM	PROCEDURE MANUAL SECTION (Part V.B)
Comment/Complaint Form: Participants	COMMENTS AND COMPLAINTS FROM PARTICIPANTS
Comment/Complaint Form: Vendors	COMMENTS AND COMPLAINTS FROM VENDORS
Composite Price Calculation: Food Vendors	DETERMINING COMPOSITE PRICES
Composite Price Calculation: Pharmacies	DETERMINING COMPOSITE PRICES
Home Delivery Survey Form	HOME DELIVERY
Mandatory Minimum Checklist: Food Vendors	THE MANDATORY MINIMUM
Mandatory Minimum Checklist: Pharmacies	THE MANDATORY MINIMUM
Participant Shopping Survey	DETERMINING NEED FOR VENDORS
Quarterly Price List	QUARTERLY PRICE REPORTING
Review Form: Vendors	VENDOR REVIEWS
Review Form: Pharmacies	VENDOR REVIEWS
Vendor Application Packet Receipt	DISTRIBUTING VENDOR APPLICATIONS
Vendor Input Form	ENTERING A VENDOR INTO THE COMPUTER FILES
Vendor Selection Plan	THE VENDOR SELECTION PLAN
Vendor Stamp Receipt	VENDOR AUTHORIZATION

VENDOR LETTERS

USE THE STANDARD FORM LETTERS PROVIDED TO YOU BY THE STATE WIC OFFICE SO THAT THE INFORMATION GIVEN TO WIC VENDORS WILL BE CONSISTENT ACROSS THE STATE.

SEE THE "ORIGINALS PACKET" FOR BLANK COPIES OF ALL REQUIRED FORM LETTERS. MAKE COPIES ON YOUR LETTERHEAD AS NEEDED.

The "Originals Packet" lists all the letters you are required to use to notify vendors about applications, contracting and warnings.

** These form letters meet all the notification requirements established by Federal regulation and the state WIC office. (You may develop your own letters, but they must include all the information contained in the standard letters.)

** When you use these letters, print them on your own letterhead using the blank form letters in the "Originals Packet". Be sure to include a phone number and the name of a contact person.

See the following sections in this Procedure Manual for more information about using vendor form letters:

FORM LETTER	PROCEDURE MANUAL SECTION (Part V.B)
Late Application Letter	RECEIVING VENDOR APPLICATIONS
Late Quarterly Price List Warning Letter	VENDOR SANCTIONS
Other Known Abuses Warning Letter	VENDOR SANCTIONS

(continued)

FORM LETTER	PROCEDURE MANUAL SECTION (Part V.B)
Participant Complaint Warning Letter	VENDOR SANCTIONS
Quarterly Price List Letter	QUARTERLY PRICE REPORTING
Return of Stamp Letter	THE WIC VENDOR STAMP
Vendor Acceptance Letter	VENDOR ACCEPTANCE AND REJECTION
Vendor Application Cover Letter	DISTRIBUTING VENDOR APPLICATIONS
Vendor Authorization Expiration Letter	NOTIFYING VENDORS ABOUT THE APPLICATION PROCESS
Vendor Coordinator Follow-Up Letter	VENDOR SANCTIONS
Vendor Rejection Letter	VENDOR ACCEPTANCE AND REJECTION
Vendor Review Warning Letter	VENDOR SANCTIONS

RECORDKEEPING

KEEP MOST OF YOUR PROGRAM'S RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

Keep records readily available for 3½ years from the end of the fiscal year to which the records pertain. After that, you may store them off-site.

Destroy files according to the following timetable:

Files that pertain to:	You may destroy on or after:
FY 80 (10/79 - 9/80)	September 30, 1987
FY 81 (10/80 - 9/81)	September 30, 1988
FY 82 (10/81 - 9/82)	September 30, 1989
FY 83 (10/82 - 9/83)	September 30, 1990
FY 84 (10/83 - 9/84)	September 30, 1991
FY 85 (10/84 - 9/85)	September 30, 1992
FY 86 (10/85 - 6/86)	June 30, 1993
FY 87 (7/86 - 6/87)	June 30, 1994
FY 88 (7/87 - 6/88)	June 30, 1995

You may have to keep these files longer if the state WIC office or the USDA Food and Nutrition Service requests in writing that you do so.

See the following sections for detailed instructions on participant, food delivery, fiscal and administrative recordkeeping.

PARTICIPANT RECORDS

KEEP MOST PARTICIPANT RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

MAINTAIN SEPARATE FILING SECTIONS FOR EACH OF THE FOLLOWING CATEGORIES OF PARTICIPANTS:

1. ACTIVE PARTICIPANTS
2. TERMINATED PARTICIPANTS
4. APPLICANTS WHO DID NOT KEEP INITIAL CERTIFICATION APPOINTMENT
3. APPLICANTS NOT ELIGIBLE BEFORE OR AT INITIAL CERTIFICATION
5. APPLICANTS AND PARTICIPANTS ON THE WAITING LIST

KEEP FOR SEVEN YEARS:

1. Participant applications (medical referral forms and any other application forms you use) from applicants who:

   -- never kept their initial certification appointment

   -- were found to be ineligible prior to a certification appointment

   -- were found ineligible at the initial certification appointment.

   -- were on your waiting list but never received a certification appointment.

2. Participant certification records, including:

   * Medical referral forms
   * State-produced certification and assessment forms
   * Income eligibility forms
   * Affidavits of participant rights and responsibilities
   * Any other forms you use to certify a participant

3. Completed interagency transfer forms. Keep these with the participant's certification records.

4. Fair Hearing requests, correspondence and decisions. Keep these with the participant's or applicant's records.

DO NOT KEEP:

- Blank applications returned to you by the post office for wrong address, addressee unknown, etc.

  Dispose of them upon receipt unless you are able to obtain the correct mailing information.

- Applications you are unable to follow up on due to incomplete or missing addresses.

  Keep them until the medical information provided can no longer be used to determine the person's eligibility.

- Applications with incomplete or outdated medical information.

  Return them to the applicant for completion unless you are able to obtain the needed information yourself.

FOOD DELIVERY RECORDS

KEEP MOST FOOD DELIVERY RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

VOUCHER RECORDS

Keep For Seven Years:

1. Voucher transmittal records
2. Voucher registers
3. Signed input form copies
4. Manual voucher inventory log
5. Void logs
6. Participant reports (fiche or hard copy)
7. Weekly manual voucher update listing (unless you check off accepted input on the Manual Voucher Log)
8. Monthly inventory of manual vouchers

Do Not Keep:

- Weekly participant and manual voucher reports. Keep until errors are corrected.
- Monthly Participant ID Listing. Keep until next listing is issued.

VENDOR RECORDS

See the VENDOR FILES AND REPORTS section of this Procedure Manual for complete instructions on vendor recordkeeping.

FISCAL RECORDS

KEEP CONTRACTS, MONTHLY EXPENDITURE REPORTS AND EXPENDITURE DOCUMENTATION FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

FOLLOW ALL ACCOUNTING AND REPORTING POLICIES AS DIRECTED BY THE WIC FISCAL UNIT AND THE DEPARTMENT OF PUBLIC HEALTH'S CENTRAL CONTRACTS UNIT.

CONTRACTS

The complete contract between the state and local agencies consists of:

- Master Agreement
- Attachment A: Statement of Work and Objectives
- Attachment B: Statement of Fiscal Conditions (RSC Budget 600-B)
- Attachment C: Statement of Reports and Applicable Statutes
- Attachment D: Contract Authorization and Financial Disclosure
- EOHS General Conditions

Contract forms and instructions are sent to you by the DPH Central Contracts Unit prior to the beginning of each fiscal year.

MONTHLY EXPENDITURE REPORTS

Monthly Expenditure Report forms and instructions are sent to you by the DPH Central Contracts Unit prior to the beginning of each fiscal year. In addition, clean copies of these forms are included in the Original Packet so you can make copies as needed.

Documenting Nutrition Education Expenses

Federal regulations require that at least one-sixth of your administrative expenditures be for nutrition education. Use the "Nutrition Education Expenses" form for this purpose.

Documenting Service Delivery

Use the WIC "Service Delivery Report" for this purpose.

PROPERTY MANAGEMENT

You and the state agency are responsible for maintaining complete and accurate accounts of all property purchased by WIC and used by your program. Several forms are provided to you for this purpose.

Receipt of Equipment Notice

Use the "Receipt of Equipment Notice" to notify the state agency that you have received equipment.

- Fill out the form completely, describing the item, indicating who signed for it, and noting which site it will be used at.
- Attach the packing or delivery slip to the "Receipt of Equipment Notice" and return both to the person indicated on the bottom of the slip.

Property Management Report

Once a year, the state agency sends you a Property Management report. This report includes a separate section for each site operated by your program. It should list every piece of equipment belonging to your program at the time the report is issued.

When you receive the report, go to each site and carefully check to make sure that every item on the list is still in your possession. Fill in any blank spaces, especially the items marked with an asterisk below:

Description of Equipment

I.D. Number

Acquisition date (FY)

Acquisition cost

Property funding source (%) This line indicates who paid for the item:

- WIC The item was purchased for your local program.
- SA The item was purchased for the state agency.
- WIC-SA The item was purchased by the state agency for the local program.

* Location Indicate where the item is currently located in your program: director's office, nutritionist's office (if more than one, number them), waiting room, agency administrative office, etc. Use abbreviations as necessary. If the item is lost or stolen, leave the line blank and check "NO" under availability.

* Availability Check whether you actually have the item in your program. If it is in storage, check "NO".

* Condition of Equipment Write a brief discription of the condition.

* Description Use this space for any other identifying remarks about the item: color, size (2-drawer, 42", single-pedestal, etc.), brand (IBM Selectric, etc.), or type (beam-balance, etc.)

When you return your amended form to the state office, it will be corrected and returned to you. Keep it on file until the next one is issued.

See next page for a sample Property Management report.

SAMPLE COMPLETED PROPERTY MANAGEMENT REPORT

MASSACHUSETTS WIC PROGRAM

DRAFT

PROGRAM NAME Newville WIC, Newville site, p. 1

Description of Equipment	I.D. Number	Acquisition date(FY)	Acquisition cost	Property funding source(%)	Location	Availability YES	Availability NO	Condition of Equipment	Description
1 desk	015-1 WIC	1979	144.37	WIC	Clr office	x		Good	Double-pedestal
2 desk chairs	015-2 WIC	1979	115.34	WIC	Clr office	x		Good	W/out arms
		1983	80.45	WIC-SA	Nutr ofc 3	x		Good	Tan/brown, w/out arms
5 side chairs	015-16 WIC	1984	SA	SA	Wait room	x		Good	W/ arms, orange upholstered
	015-17 WIC	1984	SA	SA	Wait room	x		Good	W/out arms; orange upholstered
	015-18 WIC	1984	SA	SA	Wait room	x		Good	W/out arms; orange upholstered
	015-19 WIC	1984	SA	SA	Wait room	x		Good	W/out arms; orange upholstered
	015-20 WIC	1984	SA	SA	Wait room	x		Good	W/out arms; orange upholstered
5 file cabinets	015-3 WIC	1979	156.40	WIC	Clr office	x		Poor	4-drawer
		1981	187.45	WIC	Clr office	x		Good	4-drawer
		1981	121.61	WIC	Clr office	x		Good	2-drawer
		1983	107.50	WIC-SA	Nutr ofc 1	x		Good	2-drawer; putty
		1984	167.85	WIC-SA	Nutr ofc 2	x		Good	4-drawer; tan
2 bookcases	015-5 WIC	1979	94.24	WIC	Clr office	x		Good	
		1984	66.15	WIC-SA	Nutr ofc 1	x		Good	42" putty
1 work table	015-12 WIC	1984	136.72	WIC-SA	Library	x		Good	36 x 24, tan/teak
1 infant scale	015-11 WIC	1982	172.00	WIC-SA	Nutr ofc 1	x		Good	ADCO beam balance
3 child boards	015-7 WIC	1982	33.00	WIC-SA	Nutr ofc 1	x		Good	
	015-8 WIC	1982	33.00	WIC-SA	Nutr ofc 2	x		Good	
	015-9 WIC	1982	33.00	WIC-SA	Nutr ofc 3	x		Broken	
1 infant board	015-10 WIC	1982	33.00	WIC-SA	Nutr ofc 1	x		Good	
1 fiche viewer	015-13 WIC	1978	125.00	WIC-SA	Clr office	x		No glass	Quantor 304
1 typewriter	015-6 WIC	1979	600.00	WIC	Prog asst	x		Sticks	IBM Selectric
1 slide-tape projector	015-4 WIC	1980	359.95	WIC	travels	x		Good	Telex Caramate 3200
2 fans	015-14 WIC	1981	34.95	WIC	Wait room	x		Good	Sears 1100
	015-15 WIC	1981	34.95	WIC	Prog asst	x		Good	Sears 1100

Signature Ann Silva Title Program Director Date 11/17/87

ADMINISTRATIVE RECORDS

KEEP A RECORD OF YOUR PROGRAM'S WAITING LIST STATUS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

KEEP THE CURRENT YEAR'S: NUTRITION EDUCATION ACTION PLAN, STATE PLAN, WIC MEMOS, AND EMPLOYMENT RECORDS.

KEEP FOR SEVEN YEARS:

1. Records of your program's Waiting List at any given time. Keep Waiting List Confirmation Letters in this file.

KEEP FOR THE CURRENT YEAR:

1. Your program's Nutrition Education Action Plan.

2. State WIC memos from this year and the prior fiscal year.

   Keep in order by WIC memo number. You may also xerox copies to keep in a subject file (nutrition, fiscal, etc.)

3. State Plan.

   Update as directed by the state office.

   See THE STATE PLAN section in this Procedure Manual.

4. Employee records.

   Keep them according to your agency's policy.

CASELOAD MANAGEMENT

MAKE EVERY EFFORT TO REACH AND MAINTAIN YOUR ASSIGNED CASELOAD BY REGULATING THE NUMBER OF PARTICIPANTS YOU ACTIVELY SERVE.

DEVELOP A WAITING LIST PLAN IF YOUR ACTIVE CASELOAD REACHES AND EXCEEDS YOUR ASSIGNED CASELOAD.

ACTIVE CASELOAD

"Active caseload" is the number of women, infants and children eligible to receive vouchers each month from your program.

To determine your active caseload at the end of a calendar month:

STEP 1:

- Take the active participation figure from your most recent computer Participant Report

AND

STEP 2: (CHOOSE ONE OPTION)

- Add the number of initial certifications (Trans. Type 1's) and the number of reverse terminations of inactive participants (Trans Type 2's) completed since the computer input cut-off date through the last day in that month.
- Subtract the number of participants taken off your active caseload (Trans. Type 2's) between the computer input cut-off date and the last day of that month.

OR

- Count the number of packages of manual vouchers you will write the next month for participants not receiving computer-generated vouchers due to enrollment or reverse termination after cutoff or due to Type 1 input error.
- Subtract the number of packages of computer-generated vouchers which will not be issued next month due to termination since input cutoff.

ASSIGNED CASELOAD

"Assigned caseload" is a number of participants which the state office contracts with your program to serve each month. It is based on:

1. food dollars available
2. administrative dollars available
3. the relative need of your community based on presenting need and the Needs Assessment estimate of eligible persons.
4. your program's management capacity.

See the DETERMINATION OF PROGRAM COSTS section of the State Agency Operations Manual (Part 3 of the State Plan) for a detailed description of the state agency's resource allocation plan.

MONTHLY PARTICIPATION

"Monthly participation" is the total number of women, infants and children picking up vouchers based on the voucher issue month. For example, if a participant's vouchers are dated July 20, report her as a participant for July even if s/he picks them up on August 4.

To determine your monthly participation, use the method that provides the most convenient and accurate reporting. Separate participation by each voucher issuance month. You will usually have two reports since in any given month the count of participants picking up vouchers for a specific issuance period will not show the total picture.

Suggested methods for reporting participation are:

- On the voucher register, count the number of women, infants and children who picked up vouchers for each reporting month. Write the number of participants in each category on the bottom of each page of the voucher register, so you can verify the accuracy of the first-count.

  Include Manual Voucher Register participants in the participation count for the month. Be careful not to double-count people. Use a uniform flagging system to identify participants receiving combined computer and manual voucher packages.

OR

- Have the person(s) issuing computer and manual vouchers maintain a daily log of the women, infants and children issued vouchers for each month. At the end of the month, total these daily log sheets to get a monthly participation count based on voucher issuance month.

MANUAL DATA COLLECTION FORMS

Use the manual data collection forms provided by the state WIC office to tally participation. These forms are included in the Originals Packet.

Participation Tally

Use this sheet to count voucher distribution on a daily basis. It has space for two separate months since vouchers for the preceding and current month can be issued during the current month. Use slash marks to note each participant in the appropriate category.

Note: vouchers are divided into computer and manual.

Participation Count

This sheet summarizes your daily tally sheets by site, type of voucher and participant category. Transfer information from the daily tally sheet to this sheet. Complete one sheet for each reporting month, and forward it to the state WIC office by the 15th of the following month.

DEVELOPING A WAITING LIST PLAN

A WAITING LIST IS A LIST OF APPLICANTS AND PARTICIPANTS WHO CANNOT BE ASSESSED AND CERTIFIED BECAUSE YOUR PROGRAM HAS REACHED OR EXCEEDED ITS ASSIGNED CASELOAD.

A WAITING LIST PLAN DESIGNATES THE PRIORITIES YOUR PROGRAM CAN SERVE WITHOUT EXCEEDING ITS ASSIGNED CASELOAD. APPLICANTS AND PARTICIPANTS IN PRIORITIES NOT INCLUDED IN THE WAITING LIST PLAN ARE PUT ON A WAITING LIST.

DEVELOP A WAITING LIST PLAN WHEN YOU HAVE REACHED OR EXCEEDED YOUR ASSIGNED CASELOAD.

IMPLEMENT YOUR WAITING LIST WHEN:

1. YOU HAVE CALLED THE STATE WIC OFFICE TO DISCUSS STARTING A WAITING LIST, AND

2. THE STATE WIC OFFICE HAS APPROVED YOUR WAITING LIST PLAN IN WRITING.

REVIEW AND EVALUATE YOUR WAITING LIST PLAN REGULARLY.

KEEP A RECORD OF YOUR WAITING LIST PLAN.

DETERMINING THE WAITING LIST PLAN

To determine the appropriate waiting list plan for your program, take into account the following:

1. The number of persons actively participating on the program in each priority

2. The number of new applicants you expect to receive from each priority

3. The number of persons you expect to take off your program each month due to regular terminations as well as those you would terminate at repeat certifications if you implemented a waiting list plan.

4. The number of applicants you can certify within one month.

For example: If your waiting list plan is I - IV, you must be able to accept all eligible applicants in Priorities I through IV at initial certification as well as be able to retain participants in Priorities I - IV at repeat certifications.

New applicants and participants due for recertification in Priorities V and VI can apply for the program but will remain on your waiting list either until their applications expire or until you formally change your waiting list plan.

** This works if the number of caseload slots available in a given month is approximately the same as the number of applicants and participants due for recertification within the waiting list plan priorities.

** This does not work when the number of applicants for initial or repeat certifications within the waiting list priorities is more than the number of available slots within a given month. In this case, calculate whether you:

- o can take only a percentage of applicants for certification or recertification within the lowest priority in your waiting list plan

OR

- o cannot take any applicants for certification or recertification within the lowest priority in your waiting list plan.

1. If you can take only a percentage of applicants for initial and repeat certifications within the lowest priority, terminate participants within this priority at the end of their certification period in order to allow applicants on the waiting list in the same priority an opportunity to be certified. The terminated participants may reapply and be put on the waiting list and may be given certification appointments after all applicants ahead of them on the waiting list have received appointments.

   Although this results in interrupted service for the terminated participants, it assures that all applicants, whether applying for an initial or repeat certification, are processed equitably within a given priority. Call the state office for technical assistance.

2. If you cannot certify any applicants within the lowest priority, alter your waiting list plan to include fewer priorities.

REVIEWING AND EVALUATING YOUR WAITING LIST PLAN

1. Follow your waiting list plan consistently for six months.

2. Look at your active caseload each month to determine how close you are to your assigned caseload.

3. If you find that your waiting list plan is not effective in managing your caseload, call the state WIC office to discuss the possibility of changing it.

KEEPING A RECORD OF YOUR WAITING LIST PLAN

Wait until you receive verbal as well as written confirmation from the state office before you:

1. initiate a waiting list

2. alter your waiting list.

Keep waiting list confirmation letters on file for seven years from the end of the fiscal year to which they pertain.

MANAGING A WAITING LIST

TELL ANYONE WHO INQUIRES ABOUT APPLYING FOR WIC THAT YOU HAVE A WAITING LIST, BUT THAT S/HE HAS THE RIGHT TO APPLY FOR WIC WHETHER OR NOT S/HE IS IN A PRIORITY YOU CURRENTLY SERVE.

SCHEDULE CERTIFICATION APPOINTMENTS FOR APPLICANTS WHO ARE IN PRIORITIES YOU SERVE IN ORDER FROM HIGHEST TO LOWEST PRIORITY.

PUT APPLICANTS WHO ARE IN PRIORITIES YOU DO NOT SERVE, OR ONLY PARTIALLY SERVE, ON A WAITING LIST.

ESTABLISH A CONSISTENT SYSTEM FOR MANAGING YOUR WAITING LIST.

PROCESSING APPLICATIONS WITH A WAITING LIST

1. Tell persons who wish to apply for the WIC Program that you have a waiting list. (You might want to screen the person's income at this point.)

2. Send or give the person the appropriate medical referral form(s).

3. When you receive the completed medical referral form, note the date of receipt, review the form, and assign a priority to the applicant.

4. If the medical referral form is complete and up to date and a nutritional risk factor is not obvious, assign all infants and children the lowest priority for their category, and assess all pregnant and nursing women to determine their actual priority.

** IF AN APPLICANT IS IN A PRIORITY YOU DO CURRENTLY ACCEPT, EITHER:

- Give her/him an initial certification appointment which is within 20 days of your receipt of the completed medical referral form (or within 10 days if a Priority I prenatal woman)

or

- Put her/him on your waiting list:

1. Send or give the applicant a "WAITING LIST NOTIFICATION LETTER".

   See the NOTIFICATION OF WAITING LIST STATUS section of this Procedure Manual.

2. Note on the medical referral form that you have sent the waiting list letter or attach a copy of the letter to the medical referral form.

3. When an initial certification appointment becomes available, send the applicant notification of the appointment. If the medical information on the medical referral form is out of date, obtain new information.

** IF AN APPLICANT IS IN A PRIORITY YOU DO NOT CURRENTLY ACCEPT:

- Put the applicant on your waiting list:

  1. Send or give the applicant a "WAITING LIST NOTIFICATION LETTER".

     See the NOTIFICATION OF WAITING LIST STATUS section of this Procedure Manual.

  2. Note on the medical referral form that you have sent the waiting list letter or attach a copy of the letter to the medical referral form.

  3. Explain to the applicant that s/he should notify you if her health changes in a way that might change her WIC priority.

  4. Keep these applicants on your waiting list until their applications expire. If you have an approved change in your waiting list plan that will allow you to accept applicants at their priority, and if their applications have not expired, give them an appointment for initial certification.

APPLICATIONS ON THE WAITING LIST EXPIRE:

Infants and children:	6 months from receipt of completed medical referral form or when the child turns five years old (whichever comes first)
Pregnant women:	the expected delivery date
Nursing women:	6 months from receipt of completed medical referral form or 1 year from delivery date (whichever comes first)
Postpartum, non-nursing women:	6 months from delivery date

ADMINISTERING YOUR WAITING LIST

1. File medical referral forms for applicants scheduled for an initial certification appointment within 20 days:

   - o Chronologically, by appointment date

   OR

   - o Alphabetically, by applicants' names.

2. File completed medical referral forms for applicants on the waiting list by priority. Within each priority, file the forms by expiration date.

3. On a regular basis, remove expired medical forms from the waiting list file.

4. For participants terminated at repeat certification and put on the waiting list, file their record in the "Terminated" file and file the following with your waiting list:

   - o complete and prioritized Medical Referral Form

   OR

   - o record of name, address, telephone number, date of birth, status (W1, W2, W3, I or C), anthropometric and hematological data, priority, and date put on waiting list.

NUTRITION EDUCATION ACTION PLAN

EVALUATE YOUR PROGRAM'S NUTRITION SERVICES EACH YEAR TO MAKE SURE YOU ARE PROVIDING ACCURATE, APPROPRIATE AND CONSISTENT NUTRITION CARE TO ALL PARTICIPANTS, AND TO ENSURE HIGH STANDARDS OF QUALITY.

USE THE NUTRITION EDUCATION ACTION PLAN AS A PLAN OF ACTION FOR ADDRESSING AREAS OF CONCERN.

SUBMIT A NUTRITION EDUCATION ACTION PLAN AND TWO NUTRITION EDUCATION ACTION PLAN PROGRESS REPORTS TO THE STATE OFFICE AT SPECIFIED INTERVALS.

The Senior Nutritionist is responsible for submitting the NEAP and for responding to the state WIC office regarding requested revisions and/or progress reports.

CHOOSING YOUR NUTRITION GOALS

The Nutrition Education Action Plan reflects your program's nutrition goals for the upcoming year.

Develop at least two goals using the following procedure:

1. Conduct a needs assessment to identify specific areas of concern
2. Prioritize these areas
3. Focus your action plan on the area(s) of greatest concern.

COMPLETING THE NUTRITION EDUCATION ACTION PLAN FORM

1. GOALS Start each goal with the word "to". Make sure they clearly state the desired change.
2. OBJECTIVES Write each objective in realistic and measurable terms, and make sure each one is an explicit step toward meeting your goal.

   An objective is neither a goal nor a task, but somewhere in between. Objectives do not need to be sequential, but they do need to clearly build towards the goal.

Each objective should address who it will be directed towards, what will happen, how it will be met, and when it will be completed.

If possible, state clearly the expected degree of change.

3. METHODS AND MATERIALS Use this section to outline specific tasks and materials you will use to achieve your objective.

4. EVALUATION PLAN Explain the evaluation plan you will use to determine progress and measure the success of your objective.

5. EXPECTED COMPLETION DATE List the date by which you expect each task and objective to be completed.

See next page for a sample completed Nutrition Education Action Plan.

Sample completed Nutrition Education Action Plan

PROGRAM NAME North Shore WIC Program

GOAL A: TO IMPROVE SERVICES TO PREGNANT ADOLESCENTS IN THE NORTH SHORE CATCHMENT AREA.

OBJECTIVES	METHODS AND MATERIALS	EVALUATION ACTIVITIES	EXPECTED COMPLETION DATE
1. Develop monitoring system for pregnant teens.	Senior Nutritionist will perform chart audit to obtain baseline data re: - pregnancy history - age at conception - trimester enrolled - pregnancy complications - total weight gain - birth outcome	Audit completed. Data completed.	10/31/87 11/20/87
	Reassign teens to special ID numbers.	Numbers reassigned.	11/30/87
2. Increase by 20% the numbers of teens who are certified before 20 weeks gestation.	Use chart audit (above) for baseline.	Audit completed.	10/31/87
	Send mailing to MDs and prenatal clinics re: importance of early enrollment.	Mailing completed.	10/31/87
	Distribute referral information to nurses, guidance counselors and Dean of Women at local high schools.	Distribution completed.	10/31/87
	Contact agencies serving teens and distribute eligiblity and enrollment information.	Contacts performed.	2/28/88
	Repeat chart audit.	Count number of teens certified before 20 weeks and compare to baseline.	6/30/87

WIC AND THE INFANT FORMULA INDUSTRY

THE WIC POLICY ON THE RELATIONSHIP BETWEEN THE WIC PROGRAM AND THE INFANT FORMULA INDUSTRY SUPPORTS THE FOLLOWING GOALS:

- PROMOTING BREASTFEEDING AS THE OPTIMAL METHOD OF INFANT FEEDING, AND
- PROVIDING FORMULA AND SUPPORT TO THOSE WOMEN WHO HAVE INITIATED BOTTLEFEEDING.

Provide all prenatal and postpartum participants with the information they need to make an informed decision about how to feed their infants.

Breastfeeding is acknowledged by the health community to be the optimal method of feeding for most infants. Use the following guidelines to ensure that all participants receive an unequivocable endorsement of breastfeeding that does not diminish your support of women who choose to bottlefeed.

WIC POLICY

IN ORDER TO BE ACCEPTABLE FOR USE IN WIC, ANY ITEM OR SERVICE OFFERED BY A FORMULA COMPANY MUST:

- o COMPLY WITH THE WHO CODE OF MARKETING BREASTMILK SUBSTITUTES
- o COMPLY WITH EXISTING MASSACHUSETTS WIC PROGRAM POLICIES
- o BE NECESSARY FOR WIC PROGRAM OPERATION AND UNAVAILABLE ELSEWHERE AT A REASONABLE COST

THE WHO CODE ON MARKETING BREASTMILK SUBSTITUTES

The WHO Code is an internationally accepted code of behavior for the infant formula industry, government agencies, and health care workers. The aim of this code is:

" ... to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution."

EXISTING MASSACHUSETTS WIC PROGRAM POLICIES

Existing Massachusetts WIC policies regarding resource materials, appropriate professional behavior and voucher issuance are outlined in the E.M.P.O.W.E.R. booklet and the State Plan.

- Resource materials Existing Massachusetts WIC policy on resource materials is contained in the E.M.P.O.W.E.R. booklet. This booklet outlines in detail the guidelines for local programs to use when evaluating nutrition education materials for appropriateness and client-orientation. Briefly, material must comply with the WHO Code, be accurate, and be up to date.

- Appropriate professional behavior The LOCAL AGENCY RELATIONSHIP WITH LOCAL PROGRAM section of the Procedure Manual states that the local agency is responsible for ensuring that the local program:

    - o keeps the focus of program operations on participant need
    - o keeps the skills and knowledge of its staff current by requiring attendance at state-sponsored meetings, new staff trainings and inservices.
    - o maximizes the time devoted to participant certification and education
    - o designs all program activities to best serve participants.

  Therefore, even though your staff may need access to materials which contribute to their professional education, make sure your interactions with formula company representatives do not conflict with the above policies.

- Voucher issuance The BREASTFEEDING PROMOTION AND SUPPORT section of the Procedure Manual states:

  > "Issue the smallest amount of supplemental formula (either vouchers or cans) a breastfeeding woman may need, to minimize the possibility of replacing breastmilk with formula."

NECESSARY FOR PROGRAM OPERATION AND UNAVAILABLE ELSEWHERE AT A REASONABLE COST

An item or service is considered necessary for the program operation if you need it to certify, educate and provide food to participants, and includes items for certification and for education of participants and staff.

An item or service is considered unavailable elsewhere at a reasonable cost if it or a similar item cannot be obtained from another source at a feasible cost. This decision depends on the resources available to your program. Keep in mind the need to use sources other than formula companies for items and services when planning your budget.

ITEMS AND SERVICES PROVIDED BY THE FORMULA INDUSTRY

USE THE FOLLOWING GUIDELINES FOR PRODUCTS AND SERVICES PROVIDED TO WIC BY THE FORMULA INDUSTRY:

- CANS OF FORMULA: KEEP OUT OF SIGHT AND USE ONLY ON AN EMERGENCY BASIS.

- OTHER ITEMS: DO NOT USE ITEMS FOR PARTICIPANTS AND PROFESSIONALS WHICH CONTAIN PRODUCT NAMES.

- SALES REPRESENTATIVES' VISITS: RESTRICT TIME TO THE MINIMUM NECESSARY TO RECEIVE INFORMATION AND ITEMS.

  THE STATE OFFICE RECOMMENDS THAT YOU RECEIVE ONLY FORMULA FROM SALES REPRESENTATIVES, AND LET THE STATE OFFICE PROVIDE YOU WITH OTHER FORMULA INDUSTRY INFORMATION AND MATERIALS.

- LITERATURE: FOR PARTICIPANTS, USE ONLY LITERATURE WHICH IS ACCURATE AND UP-TO-DATE.

  FOR PARTICIPANTS AND PROFESSIONALS, USE ONLY LITERATURE ABOUT INFANT FEEDING WHICH CONTAINS INFORMATION ABOUT THE BENEFITS AND TECHNIQUES OF BREASTFEEDING AND THE POTENTIAL EFFECTS OF EARLY FORMULA USE ON LACTATION.

The following sections outline the specific criteria for determining whether each formula industry item and service complies with each of the WIC guidelines.

ITEMS AND SERVICES RELATED TO INFANT FEEDING

ITEMS AND SERVICES RELATED TO INFANT FEEDING ARE:

- CANS OF FORMULA
- PARTICIPANT EDUCATION MATERIALS ABOUT INFANT FEEDING (Pamphlets, posters, flipcharts, and audio-visuals)
- PROFESSIONAL EDUCATION MATERIALS ABOUT INFANT FEEDING/NUTRITION (Product manuals, conference proceedings, research findings, newsletters, etc.)
- VISITS BY FORMULA COMPANY REPRESENTATIVES

Use the criteria on the following chart to assess whether a specific item or service complies with the WIC guidelines.

SUMMARY OF ITEMS/SERVICES RELATED TO INFANT FEEDING

Item must meet criteria for all specified guidelines to be acceptable.

ITEM/SERVICE	WHO CODE	EXISTING WIC POLICIES	NECESSARY/UNAVAILABLE ELSEWHERE
1. Cans of formula	• Emergency only • To bottlefed infants only • Kept out of sight • Donations of special needs formulas should be continued as long as needed by infant	• Paperwork or time for certification unavailable	• Formula is only option • Program unable to purchase
2. Participant education materials about infant feeding	• Content* • No product names	• Accurate, up to date	• Information is needed by participant • No reasonably priced alternatives
3. Professional educational materials about infant feeding/nutrition	• If formula discussed: - scientific/factual - content* • No product names		• Information needed by staff • Similar, affordable information unavailable from other sources
4. Visits by formula company representatives§	• No demonstrations or education to participants	• Visit does not replace time for certification and education	• To receive items acceptable according to this policy

* WHO Code, Article 4.2. - These items must include information on:

a) the benefits and superiority of breastfeeding
b) maternal nutrition, and the preparation for and maintenance of breastfeeding
c) negative effect on breastfeeding of introducing partial bottlefeeding
d) the difficulty of reversing the decision of not to breastfeed
e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

- When such materials contain information about the use of infant formula, they should include:

  o the social and financial implications of its use
  o the health hazards of inappropriate foods or feeding methods, and, in particular,
  o the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes.

- Such materials should not use any pictures or text which may idealize the use of breastmilk substitutes.

§ THE STATE OFFICE RECOMMENDS THAT FORMULA COMPANY REPRESENTATIVES ONLY VISIT WIC PROGRAMS FOR THE PURPOSE OF DELIVERING FORMULA. THE STATE OFFICE WILL PROVIDE LOCAL WIC PROGRAMS WITH INDUSTRY INFORMATION AND MATERIALS.

ITEMS AND SERVICES NOT RELATED TO INFANT FEEDING

ITEMS AND SERVICES NOT RELATED TO INFANT FEEDING ARE:

- GROWTH CHARTS
- PARTICIPANT EDUCATION MATERIALS UNRELATED TO INFANT FEEDING (Pamphlets, posters and audio-visuals on child development, diapering, safety, etc.)
- PROFESSIONAL EDUCATION MATERIALS UNRELATED TO INFANT FEEDING (Newsletters, conference proceedings, informational films, etc.)
- SPONSORSHIP OR CONTRIBUTION TO CONFERENCES, WORKSHOPS, COURSES FOR WIC STAFF
- ITEMS FOR OFFICE AND PERSONAL USE (Pens, notepads, name plates, mugs, shoelaces, meals, etc.)

Use the criteria on the following chart to assess whether a specific item or service complies with the WIC guidelines.

SUMMARY OF ITEMS/SERVICES NOT RELATED TO INFANT FEEDING

Item must meet criteria for all specified guidelines to be acceptable.

ITEM/SERVICE	WHO CODE	EXISTING WIC POLICIES	NECESSARY/UNAVAILABLE ELSEWHERE
1. Growth charts	• No product name		• Necessary for certification • State Office provides acceptable charts.
2. Participant education materials not related to infant feeding	• No product name	• Accurate, up to date	• Topics necessary for participant education • No reasonably priced alternative
3. Professional education materials not related to infant feeding	• No product names		• Information needed by staff • Similar, affordable information unavailable from other sources
4. Sponsorship of or contribution to conferences, workshops, courses	• Disclose contribution to WIC agency		• Topic must be necessary for staff education • Program unable to fund event • Other sources unavailable to
5. Items for office and personal use	• Not a material inducement • No product names		• Must be needed for program operation • Program unable to buy similar items • Other sources unavailable to purchase items

Massachusetts WIC Program

VOUCHER SYSTEM MANUAL

THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health, Division of Family Health Services
Maternal and Child Health

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VOUCHER SYSTEM

PART V.A OF THE PROCEDURE MANUAL IS KNOWN AS THE VOUCHER SYSTEM MANUAL.

Although the Voucher System Manual is part of the Procedure Manual and the State Plan, it is also a separate document that stands an its own. You may request as many copies of the Voucher System Manual as you need for your staff and sites.

INTRODUCTION

THIS VOUCHER SYSTEM MANUAL PROVIDES YOU WITH STEP-BY-STEP INSTRUCTIONS ON USING THE COMPUTER SYSTEM WHICH PRODUCES VOUCHERS AND MANAGEMENT REPORTS.

If you need more information or have suggestions on how to improve this manual, please call the food delivery staff at the state WIC office.

OVERVIEW OF THE WIC VOUCHER SYSTEM

THE WIC VOUCHER SYSTEM PRODUCES FOOD VOUCHERS FOR ALL WIC PROGRAM PARTICIPANTS AND MANAGEMENT REPORTS FOR WIC PROGRAM STAFF.

THE MASSACHUSETTS WIC COMPUTER SYSTEM MAINTAINS INFORMATION ON PARTICIPANTS, VOUCHERS, AND VENDORS IN COMPUTER FILES CALLED "MASTERFILES".

The Massachusetts WIC Program computer system produces 1) food vouchers for all program participants, and 2) reports containing voucher and participant information for each local WIC program. Local WIC programs maintain this computerized participant filing system by regularly submitting information on their participants to the computer. (See diagram and more detailed description below.)

All of the computerized files (masterfiles) for the Massachusetts WIC Program are kept at the state's Bureau of Computer Services (BCS) in Boston.

Once a month, the BCS computer prints a month's supply of WIC food vouchers. Most of these vouchers are pre-printed with a WIC participant's name, and with a food message corresponding to each WIC participant's individual "food package". Other vouchers have food messages printed on them, but do not have a WIC participant's name. These "manual" vouchers are used when a new participant enters the program and needs vouchers immediately after certification, or when a participant requires a change in her/his existing food package.

The state WIC office contracts with a delivery service to distribute the vouchers to each local WIC program prior to the beginning of every calendar month. Along with the vouchers, the local WIC programs receive computer-generated reports to assist them in maintaining the computer masterfiles.

The local WIC programs distribute the vouchers to their participants during the month. The WIC food vouchers are like negotiable checks which participants use to purchase their entire month's supply of supplemental foods.

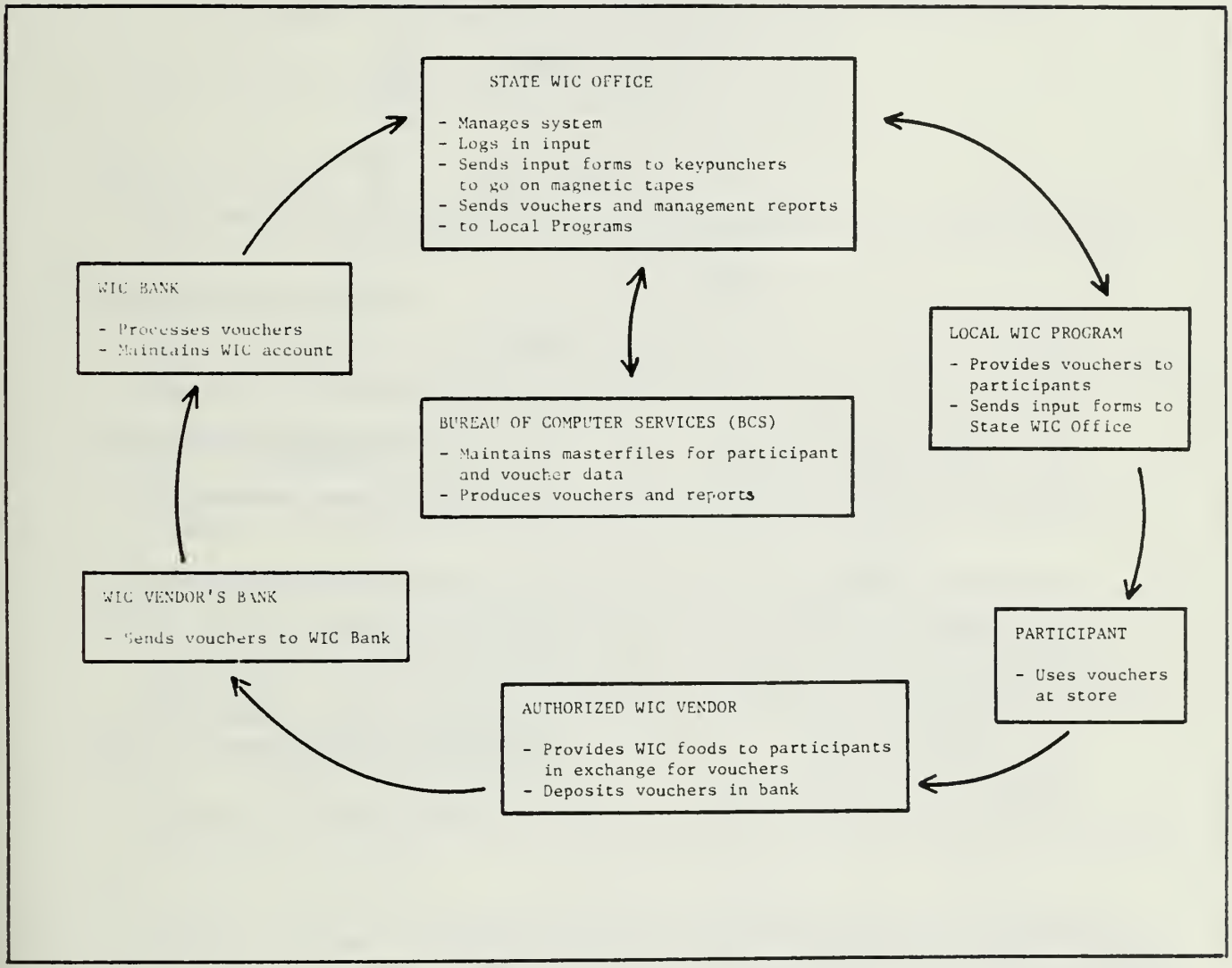
The local WIC programs throughout Massachusetts authorize grocery stores and pharmacies to accept WIC vouchers. WIC staff distribute vouchers to their participants on appointed pick-up days. Participants or their authorized representatives sign for the vouchers when they pick them up in the WIC office, and then use the vouchers throughout the month to purchase the prescribed food items at authorized WIC vendors.

A few rural programs throughout Massachusetts also authorize a small number of home delivery vendors. The participants still come to the WIC office to pick up their vouchers, but may contact an authorized dairy and have WIC foods delivered directly to their homes each week. When the food is delivered, the participant signs the voucher and gives it to the dairyman as payment.

In both systems, vendors deposit redeemed vouchers directly into their bank accounts as they would other checks. The vouchers are then credited to the vendors' bank accounts, and are paid by the Massachusetts WIC Program's central bank account.

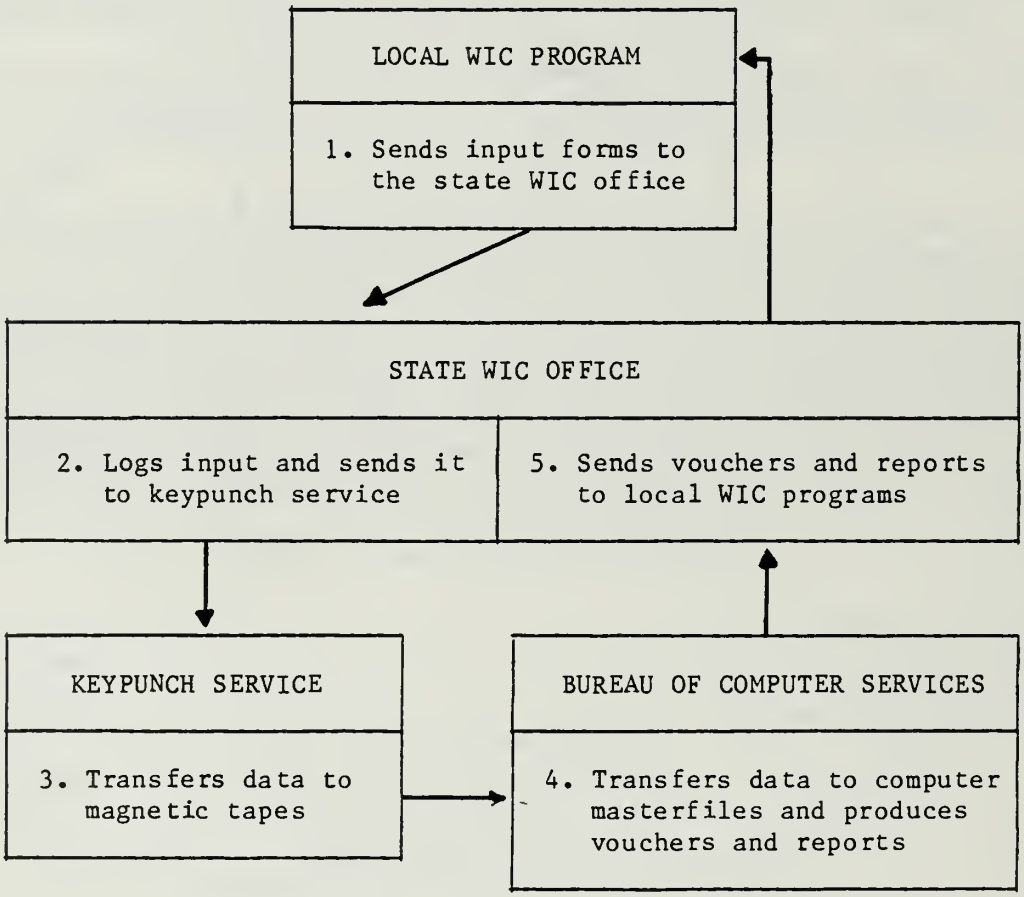
The computerized food delivery system is designed to provide "one-to-one reconciliation" of food vouchers issued: the issuance record of every voucher is matched to the record of the disposition of that voucher. Within ninety days of the voucher's issue date, each voucher is accounted for either as a distributed and cashed voucher, a distributed and uncashed voucher, a distributed voucher for which payment has been stopped, or an undistributed and voided voucher. The system allows matching the monthly bank statement for the food money account with the monthly report of expenditures for voucher issuance. This reconciliation process is handled by the state WIC office for all vouchers.

MASSACHUSETTS WIC VOUCHER SYSTEM


STATE WIC OFFICE
- Manages system
- Logs in input
- Sends input forms to keypunchers to go on magnetic tapes
- Sends vouchers and management reports
- to Local Programs
WIC BANK
- Processes vouchers
- Maintains WIC account
LOCAL WIC PROGRAM
- Provides vouchers to participants
- Sends input forms to State WIC Office
BUREAU OF COMPUTER SERVICES (BCS)
- Maintains masterfiles for participant and voucher data
- Produces vouchers and reports
WIC VENDOR'S BANK
- Sends vouchers to WIC Bank
PARTICIPANT
- Uses vouchers at store
AUTHORIZED WIC VENDOR
- Provides WIC foods to participants in exchange for vouchers
- Deposits vouchers in bank

WHAT HAPPENS TO THE COMPUTER INPUT?

Voucher and report production begins with computer input and occurs in a specific cycle of timed events. Understanding the cycle and its timing will help you use the system more effectively.


LOCAL WIC PROGRAM
1. Sends input forms to the state WIC office
STATE WIC OFFICE
2. Logs input and sends it to keypunch service
5. Sends vouchers and reports to local WIC programs
KEYPUNCH SERVICE
3. Transfers data to magnetic tapes
BUREAU OF COMPUTER SERVICES
4. Transfers data to computer masterfiles and produces vouchers and reports

The computer input forms are your link with the WIC computer system. The computerized files and the printed reports describing those files reflect exactly the information you submit on input forms. Therefore, submit information carefully and regularly.

The computer has three major files, each requiring a different input form:

- Participant masterfile - Participant Input Form (white)
- Voucher masterfile - Manual Voucher Input Form (white) or replacement MV input form (green)
- Vendor masterfile - Vendor Input Form (yellow)

There are 5 steps in the input cycle:

1. Sending computer input
2. Logging the input forms
3. The keypunch operation
4. The computer operation - Bureau of Computer Services (BCS)
5. Sending vouchers and monthly reports.

Each of these steps in outlined below.

Sending Computer Input

Each local program site sends its computer input to the state WIC office using preprinted business reply mail envelopes.

Logging the Input Forms

State WIC staff keep the input log and record the date the input was picked up by the keypunch service.

The Keypunch Operation

The keypunch service picks up the input from the state WIC office and transfers the data on the input forms to magnetic tapes.

The Computer Operation - Bureau of Computer Services (BCS)

The keypunch service delivers the magnetic tapes to the state's Bureau of Computer Services (BCS), which uses the magnetic tapes to update the masterfiles, produce management reports, and create each month's vouchers.

Sending Vouchers and Monthly Reports

The state WIC staff sort, pack and label the vouchers and management reports, and a bonded delivery service transports the vouchers and reports to local WIC programs.

GLOSSARY

REFER TO THE LIST BELOW FOR DEFINITIONS OF MOST TERMS USED IN THE VOUCHER SYSTEM MANUAL.

FOR DEFINITIONS OF OTHER TERMS, SEE THE DEFINITIONS SECTION OF THE PROCEDURE MANUAL.

Active - status indicating that a participant is receiving preprinted vouchers.

Add - an input form completed to add a participant to the masterfile.

Batch - a group of input forms, collated by type of input and site.

Batching - the process of separating and collating input forms to be mailed to the state WIC office for further processing.

BCS - the Bureau of Computer Services, the computer operations center for the Commonwealth of Massachusetts.

Cash error - a manual voucher that has been issued to a participant and cashed by the bank, but for which there is no issuance record in the voucher masterfile.

Certification date - the date (month, day, year) that an applicant is determined eligible to participate in the WIC program.

Change - an input form completed to change information on a participant currently active on the masterfile.

Computer-generated voucher - a voucher produced for a participant active on the participant masterfile.

Computer masterfile - data file stored in the computer which contains information about all Massachusetts WIC participants, vouchers, and vendors.

Critical field - an area of the input form which must be completed in order for the computer to post the information on the record to the masterfile. Outlined in heavy black type on the input form.

DPH town - one of the 351 Massachusetts cities and towns recognized by the Department of Public Health.

Dual participation - participation in more than one local WIC program and receiving benefits from each.

Edit - the WIC Manual Voucher Edit Listing or the WIC Participant Edit Listing. Management reports listing transactions rejected from the most recent computer run due to a "critical" error on the manual voucher or participant input form.

Flag - a word, asterisk and/or code number on the voucher register or participant report indicating an impending status change for a participant and the action the local program must take regarding that change.

Food package - a set of vouchers which includes all foods prescribed to the participant upon certification.

Header - the topmost part of any input form, including program code, location code, participant ID number, and batch date. Must be completed.

Home delivery - an alternative to retail store vendors in some rural areas, whereby individual route drivers from a local dairy deliver WIC food directly to participants at their homes.

Household code - the identification number of one of the participants in the family which is also used to identify all participating members of the family, regardless of different last names. If used, vouchers for the family will be grouped together.

Inactive - status indicating that a participant has been terminated from the WIC program and is no longer receiving preprinted vouchers. Inactive participants appear on the participant report for 4 months (120 days) after termination.

Input cut-off - the last day on which the state WIC office can receive input forms to be keypunched for the next set of vouchers and monthly management reports. Usually around the 18th of the month.

Input form - the form completed by local WIC program staff to record data on participants, vendors and manual vouchers issued, so that this information may be entered into the computer masterfile.

Input log - a form listing the number of each type of input and name of the program submitting it. Enclosed with each envelope of input.

Issue date - the day on which each participant's vouchers become valid for 30 days. Usually the date that the participant comes in to pick up vouchers. Assigned by the local program and either printed on computer-generated vouchers or hand-written on manual vouchers.

Keypunch - the operation performed to enter all data from input forms onto a magnetic tape used to create vouchers and reports.

Local program vendor report - listing of all vendors holding agreements with a local program.

Magnetic tape/data tape - tape onto which information from input forms is keypunched, and from which vouchers and reports are created/printed.

Management reports - printed reports produced at BCS from data submitted by local programs and used by local programs to ensure that their records and information are up-to-date and accurate.

Manual voucher (MV) - a voucher not assigned to a participant by the computer, which must be manually issued by local program staff.

Manual voucher inventory log - a computer-produced form listing the serial numbers of manual vouchers produced that month for each local program. Used by the program to record disposition of all MV's.

Manual voucher package - a package of manual vouchers accompanied by a manual voucher input form preprinted by the computer, listing the serial numbers of the vouchers in the package.

MICR line - the reference number printed at the bottom of each voucher for use by the WIC bank. Stands for Magnetic Ink Character Recognition.

Multiple issuance - issuance of more than the appropriate number of vouchers to a participant during one calendar month.

Optional field - an input form field which need not be filled in for the input to be accepted.

Participant - an individual currently certified to receive WIC vouchers.

Participant ID number - an 8-digit number assigned by the local program to each new participant, by which s/he will be identified for the duration of participation in WIC. Used in making all changes to her/his record on the computer masterfile.

Participant listing - listing of all participants currently active or terminated within the past 4 months. Sorted by site, ID number, and name.

Participant report - alphabetical listing of all participants currently active or terminated within the past 4 months at each WIC site. Contains all information on a participant either submitted by the local program or indicated by the computer.

Pick-up day - the day the participant comes in to pick up vouchers. See Issue date.

PNMF (Participant Not On Masterfile) - a listing of participants for whom vouchers have been issued and paid but for whom there is no active or inactive record in the participant masterfile containing the program code, site code and participant ID number listed in the voucher masterfile.

Prepaid mailer - a preprinted business reply mail envelope used by local programs to send input to the state WIC office.

Priority - a 3-character field indicating the participant's level of need.

Program code - a 3-digit number identifying the local program.

Program stamp - stamp bearing the imprint "MASS. WIC" and a 4-digit number indicating the program code and the staff person issuing the vouchers. Stamped on each voucher after the participant signs it to make the voucher valid for use.

Prorating - reducing the assigned food package based on lateness of voucher pick-up.

Proxy - a designated individual who may pick up and sign WIC vouchers for an active WIC participant.

Recertification date - the date (month, day, year) that a current participant is determined to be eligible to continue participating in the WIC Program for 6 more months.

Reject - the WIC Manual Voucher Reject Listing or the WIC Participant Update Rejects Listing. Management reports listing transactions rejected from the most recent computer run due to errors in manual voucher serial numbers or participant ID numbers.

Site - a location where WIC services are provided to participants.

Site code - the 2-digit number identifying a local program site.

State WIC office - the main administrative office, coordinating fiscal, nutrition, program, food delivery, and vendor policies and services for the state.

Tailoring - the process of adapting the food package to meet the specific nutritional and dietary needs of each participant.

Termination code - a one-digit field used to indicate the reason an individual was dropped from the WIC Program.

Termination date - the date (month, day, year) a participant is determined to be no longer eligible for WIC services.

Undistributed voucher - a voucher assigned to a participant but never picked up by the participant or proxy.

Update - the WIC Manual Voucher Update Listing or the WIC Participant Update Listing. Management reports listing manual voucher and participant transactions accepted and posted to the masterfile during the most recent computer run.

Voucher - the food instrument given to a participant by the local WIC program which is then redeemed at an authorized WIC vendor for the specific foods printed on the voucher.

Voucher create - the day on which all vouchers and monthly management reports for the next month are printed at BCS. This date is generally around the 20th of each month.

Voucher inventory - the stock of manual voucher packages maintained and monitored by a local program.

Voucher register - listing by site of the serial numbers of all preprinted vouchers issued to program participants. Signed by the participant or proxy to indicate receipt of vouchers and used by program staff to indicate the disposition of any vouchers not distributed to participants.

Voucher serial number - the identification number imprinted in red on each voucher. Enables the voucher to be tracked.

Voucher transmittal record - report listing 1) beginning and ending serial numbers of all voucher batches shipped to the local program, and 2) all management reports shipped to the local program. Accompanies the voucher shipment.

Voucher type - the code assigned to a particular type of voucher, indicating the food message appearing on the voucher.

THE WIC FOOD VOUCHER

THE WIC FOOD VOUCHER IS THE MEANS BY WHICH A WIC PARTICIPANT PURCHASES HER/HIS WIC SUPPLEMENTAL FOODS.

THE WIC PARTICIPANT GIVES THE VOUCHER TO AN AUTHORIZED WIC VENDOR IN EXCHANGE FOR THOSE FOODS PRINTED ON THE FACE OF THE VOUCHER.

FRONT OF THE VOUCHER

1. PARTICIPANT I.D. NO. -- the WIC participant's identification number. Pre-printed on computer-generated vouchers, handwritten on manual vouchers.

2. NAME OF PARTICIPANT -- the name of the WIC participant, last name first. Pre-printed on computer-generated vouchers, handwritten on manual vouchers.

3. LOCATION -- the local WIC program's location (site) code. Pre-printed on computer-generated vouchers, handwritten on manual vouchers.

4. VOUCHER NO. -- the serial number of the individual voucher. Pre-printed on all vouchers.

5. DATE OF ISSUE -- the first day on which the voucher is valid for use by a participant. Pre-printed on computer-generated vouchers, handwritten on manual vouchers.

6. SERIAL NUMBER -- a pre-printed number unique to each voucher.

7. FOOD MESSAGE -- an exact description of the food a participant may receive in exchange for the voucher. Pre-printed on all vouchers except manual voucher type 99, which must be handwritten by local program staff.

8. VOUCHER PACKAGE NUMBER -- a number designating the food package. Appears only on the first voucher of each manual voucher package.

9. VOUCHER TYPE NUMBER -- a number designating the particular food message on the front of the voucher. Pre-printed on all vouchers.

10. ACTUAL WIC PURCHASE PRICE -- the exact shelf price of the foods listed in the food message, as purchased by the WIC participant or authorized representative. Filled in by the vendor at the time of purchase.

11. NOT VALID WITHOUT WIC VENDOR AUTHORIZATION STAMP -- validation by the WIC Vendor Authorization Stamp issued to the vendor by the WIC Program. Stamped by the vendor prior to deposit in the vendor's bank.

12. NOT VALID WITHOUT MASS WIC PROGRAM STAMP -- validation by the local WIC program stamp as issued to the local staff by the State WIC Office. Stamped by the local WIC program upon distributing the voucher to a WIC participant or authorized representative, not before.

13. I CERTIFY RECEIPT OF VOUCHER FROM THE WIC PROGRAM -- signature of WIC participant or authorized representative upon receiving the voucher from the WIC Program.

14. THE CORRECT PRICE WAS WRITTEN IN MY PRESENCE -- signature of WIC participant or authorized representative upon redeeming the voucher at an authorized WIC vendor. This signature certifies that the price entered by the vendor is the correct price.

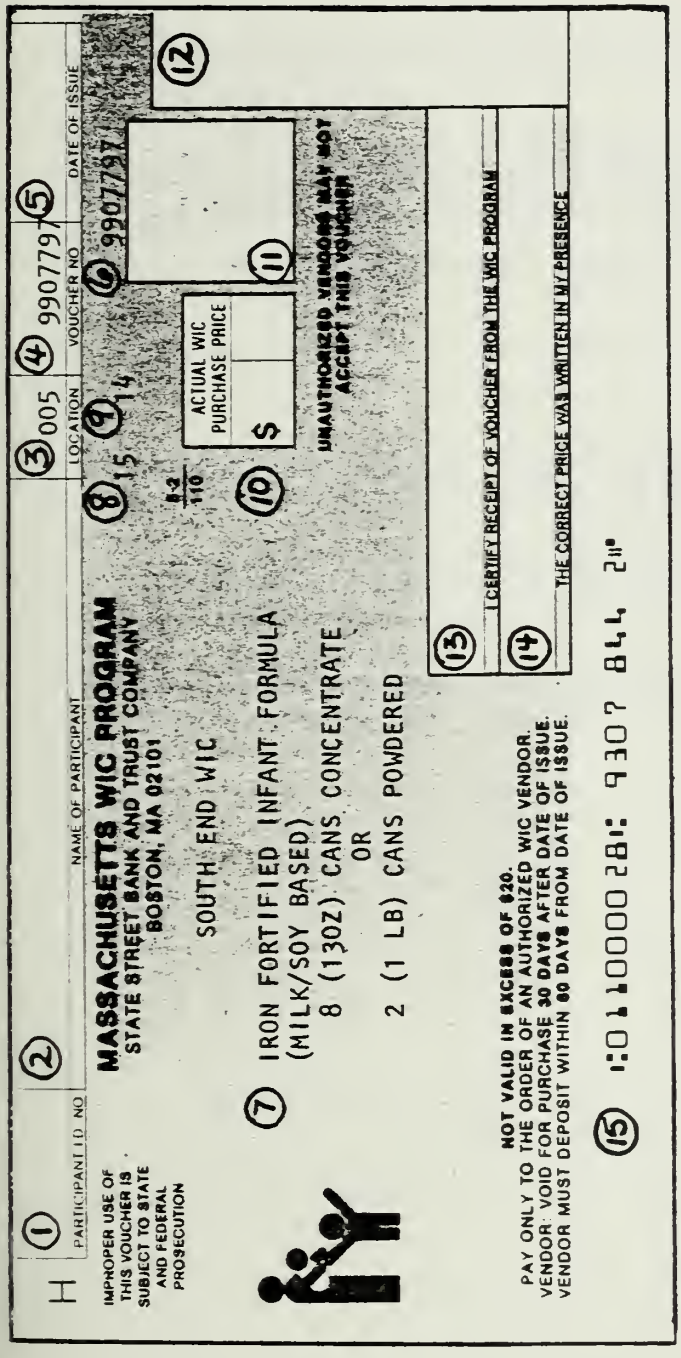
15. MICR NUMBER - series of MICR (Magnetic Ink Character Recognition) encoded numbers designed to be read by a machine. Pre-printed on all vouchers.

BACK OF THE VOUCHER

1. VENDOR ENDORSEMENT -- certification by the vendor that the price written on the front of the voucher is the correct price, and that the foods purchased by the participant were the correct foods. Signed or stamped by the vendor prior to deposit in the vendor's bank. If the vendor uses an endorsement stamp, the stamp must indicate the vendor's name on the account to which the voucher is being deposited.

2. WIC APPROVED FOODS -- list of all foods authorized by the Massachusetts WIC Program for purchase with Massachusetts WIC vouchers. A participant may only purchase the foods from this list that are indicated on the front of the voucher. Pre-printed on all vouchers.

SAMPLE WIC VOUCHER



H

(1) PARTICIPANT I.D. NO

(2) NAME OF PARTICIPANT

IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION

MASSACHUSETTS WIC PROGRAM
STATE STREET BANK AND TRUST COMPANY
BOSTON, MA 02101

(3) 005 LOCATION

(4) 990779 VOUCHER NO

(5) DATE OF ISSUE

(6) 990779

(7) IRON FORTIFIED INFANT FORMULA
(MILK/SOY BASED)
8 (13OZ) CANS CONCENTRATE
OR
2 (1 LB) CANS POWDERED

SOUTH END WIC

(8) 15

(9) 14

8-3
1-10

(10) $

ACTUAL WIC PURCHASE PRICE

(11)

(12)

UNAUTHORIZED VENDORS MAY NOT ACCEPT THIS VOUCHER

(13) I CERTIFY RECEIPT OF VOUCHER FROM THE WIC PROGRAM

(14) THE CORRECT PRICE WAS WRITTEN IN MY PRESENCE

NOT VALID IN EXCESS OF $20.
PAY ONLY TO THE ORDER OF AN AUTHORIZED WIC VENDOR.
VENDOR: VOID FOR PURCHASE 30 DAYS AFTER DATE OF ISSUE.
VENDOR MUST DEPOSIT WITHIN 60 DAYS FROM DATE OF ISSUE.

(15) :0 1 10000 281: 9307 844 2"

FRONT

I CERTIFY UNDER PENALTY OF PERJURY THAT THE PRICE SHOWN ON THE FACE OF THIS VOUCHER IS THE CORRECT AND TRUE PRICE OF THE AUTHORIZED WIC FOODS PURCHASED

VENDOR ENDORSEMENT

WIC APPROVED FOODS

MILK No chocolate milk

Fluid - whole, lowfat, skim, nonfat (gallons, half gallons or quarts)
Evaporated - whole, skim
Dry - whole, lowfat, nonfat

CHEESE Domestic only

(No cheese food, cheese food product or cheese spread allowed)
American
Brick
Colby
Cheddar
Monterey Jack
Mozzarella - whole, part-skim
Muenster
Provolone
Swiss

JUICE 100% fruit juice only

Apple - DeMoulas frozen
Purity Supreme, frozen
Seneca, frozen in red cans
Lucky Leaf, can
West Lynn Creamery, carton
Grape - Welch's, can
Grapefruit - bottle, carton, frozen, can
Orange - bottle, carton, frozen, can
Pineapple - Dole, frozen or can
(One 12 oz. can frozen may substitute for two 6 oz. cans frozen)
(Two qts. may substitute for one half gal.)

EGGS

Grade A large

PEANUT BUTTER

Any brand

DRIED PEAS or BEANS

Any type or brand, in bags only

CEREAL

Cheerios
Cream of Wheat
- Regular
- Quick
- Instant
- Mix 'n Eat Regular
Just Right, All Grain
Kellogg's Bran Flakes
Kix
Maypo
- 30-Second Oatmeal
- Vermont Style Hot Oat Cereal
Maltex
Post Natural Bran Flakes
Product 19
Quaker Instant Oatmeal
- Regular
Team Flakes
Total
Total Corn Flakes

INFANT FORMULA

Iron-fortified Liquid concentrate or powder milk-or soy-based
(Ready-to-feed, low-iron/non-iron, or prescription formulas only when specified on voucher face)

INFANT CEREAL

Dry, iron-fortified, any brand
Gerber Toasted Oat Rings
(No cereals with added fruit allowed)

INFANT JUICE

Any flavor or brand

BACK

COMPUTER-GENERATED (REGULAR) VOUCHERS

COMPUTER-GENERATED VOUCHERS ARE PRODUCED ONCE A MONTH BY THE WIC COMPUTER SYSTEM.

EACH REGULAR VOUCHER IS PRINTED WITH THE PARTICIPANT'S NAME AND ID NUMBER, THE PROGRAM LOCATION CODE AND SITE NUMBER, THE DATE OF ISSUE, THE SERIAL NUMBER AND TYPE OF VOUCHER, AND THE FOOD MESSAGE.

THE FIRST VOUCHER OF EACH PACKAGE ALSO LISTS THE FOOD PACKAGE NUMBER.

** Once a month the WIC computer system produces preprinted vouchers for all participants listed as active in the Participant Masterfile.

** Computer-generated vouchers are shipped to the local WIC Programs on a scheduled day near the of the month for distribution to participants during the following month.

** The monthly shipment is accompanied by a Voucher Transmittal Record and a Voucher Register.

RECEIVING COMPUTER-GENERATED VOUCHERS

THE LOCAL AGENCY IS FINANCIALLY LIABLE FOR THE COMPUTER-GENERATED VOUCHERS AS SOON AS THEY ARE DELIVERED TO THE AGENCY.

CALL THE STATE WIC OFFICE AS SOON AS YOU RECEIVE THE VOUCHERS AND REPORTS. THEN CHECK THE VOUCHERS AGAINST THE VOUCHER TRANSMITTAL RECORD AND REPORT ANY DISCREPANCIES IMMEDIATELY TO THE STATE WIC OFFICE.

VOUCHER TRANSMITTAL RECORD
FOR REGULAR ISSUE (COMPUTER-GENERATED) VOUCHERS

THE VOUCHER TRANSMITTAL RECORD LISTS THE BEGINNING AND ENDING SERIAL NUMBERS OF ALL COMPUTER-GENERATED VOUCHERS INCLUDED IN A SHIPMENT, PLUS ALL MANAGEMENT REPORTS SENT WITH THE VOUCHERS.

CHECK THE VOUCHER NUMBERS AGAINST THE TRANSMITTAL RECORD UPON RECEIPT OF THE VOUCHERS AND REPORT ANY DISCREPANCIES TO THE STATE OFFICE IMMEDIATELY.

RETAIN THE VOUCHER TRANSMITTAL RECORD FOR SEVEN FISCAL YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

TRANSMITTAL RECORD FOR COMPUTER-GENERATED VOUCHERS

REPORT NO. WIC038-VTR VOUCHER TRANSMITTAL RECORD

STATE OF MASSACHUSETTS B.S.O. - WIC SERVICES

DATE- 04/19/86 AUTH. BY-

PROGRAM 071 CAPE COD WIC

REGULAR ISSUE VOUCHERS

6151041 TO 6157715

VOIDED VOUCHERS

REPORTS SHIPPED RECEIVED -CHECK-

EDIT
UPDATE
UPDATE REJECTS
VOUCHER REGISTER
ROUTE REPORT
ID LISTING
PARTICIPANT REPORT
VENDOR REPORT

RETAIN COPIES-- FOR YOUR RECORDS.

VOUCHER REGISTER

THE VOUCHER REGISTER IS A COMPLETE RECORD OF EACH PARTICIPANT'S COMPUTER-GENERATED, PRE-PRINTED VOUCHERS.

MAKE SURE THE PARTICIPANT OR PROXY SIGNS THE VOUCHER REGISTER WHEN S/HE PICKS UP THE VOUCHERS, AND THE STAFF PERSON DISTRIBUTING THE VOUCHERS INITIALS AND DATES THE VOUCHER REGISTER.

IF YOU NEGLECTED TO HAVE THE PARTICIPANT OR PROXY SIGN THE VOUCHER REGISTER WHEN S/HE PICKED UP THE VOUCHERS, HAVE HER/HIM SIGN IT THE NEXT TIME S/HE COMES IN. IF YOU ARE UNABLE TO GET A SIGNATURE, WRITE "RCVD" TO THE RIGHT OR LEFT OF THE SIGNATURE LINE. INITIAL AND DATE THE ENTRY.

IF THE VOUCHERS ARE UNDISTRIBUTED, WRITE "VOID" ON THE SIGNATURE LINE. INITIAL AND DATE THE ENTRY.

USE THE SIGNATURE LINE FOR SIGNATURES AND "VOID"s ONLY.

DO NOT USE WHITE-OUT OR COVER-UP TAPE IN THE VOUCHER REGISTER.

KEEP SIGNED VOUCHER REGISTERS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

COMPUTER FLAGS

The computer flags five areas of special concern and prints an asterisk and code to the left of the names of participants in these categories. The codes are:

*1 - Repeat certification is due next month. Schedule appointment.

*2 - Repeat certification is due this month. Hold vouchers until the participant is recertified.

*3 - Repeat certification is 1 month overdue. Hold vouchers until the participant is recertified. Last month of vouchers.

*4 - Pregnant woman is now 3 months past her expected delivery date. She will be terminated next month.

*5 - Participant's last month of vouchers. S/he is being terminated for categorical ineligibility.

VOUCHER REGISTER

REPORT NO. WIC038-VR — MASSACHUSETTS WIC PROGRAM — VOUCHER REGISTER

UPHAMS CORNER WIC — SITE 01 — JULY 1987 — PAGE 3

PARTICIPANT NAME		SIGNATURE	STAFF INIT	DATE	ID NO	PKG	VOUCHER SERIAL NUMBERS ISSUED				
AL[redacted]	NICOLAS				02127025	16	2261136	2261137	2261138	2261139	2261140
AL[redacted]	YAZMIN				10200012	04	2261141	2261142	2261143	2261144	2261145
AL[redacted]	CELESTE				10057016	08	2261146	2261147	2261148	2261149	2261150
AL[redacted]	LINDA				07069016	08	2261151	2261152	2261153	2261154	2261155
*2 AL[redacted]	MICHAEL				01911023	20	2261156	2261157	2261158		
*1 AL[redacted]	MAKYSHA				01911031	04	2261159	2261160	2261161	2261162	2261163
*2 AL[redacted]	PALMENIA				01911015	08	2261164	2261165	2261166	2261167	2261168
*1 AL[redacted]	RAY JAMAINE				01132026	04	2261169	2261170	2261171	2261172	2261173
*2 AL[redacted]	SILICIA				10074011	04	2261174	2261175	2261176	2261177	2261178
*2 AL[redacted]	LADD				07069032	04	2261179	2261180	2261181	2261182	2261183
*5 AL[redacted]	ANTHONY				01320023	04	2261184	2261185	2261186	2261187	2261188

*1 - REPEAT CERTIFICATION DUE NEXT MONTH. SCHEDULE AN APPOINTMENT.
*2 - REPEAT CERTIFICATION DUE THIS MONTH. HOLD VOUCHERS UNTIL RECERTIFIED.
*3 - REPEAT CERTIFICATION 1 MONTH OVERDUE. HOLD VOUCHERS UNTIL RECERTIFIED. LAST MONTH OF VOUCHERS. WILL BE TERMINATED.
*4 - PREGNANT WOMAN 3 MONTHS PAST EDC. LAST MONTH OF VOUCHERS. WILL BE TERMINATED.
*5 - PARTICIPANTS LAST MONTH OF VOUCHERS. WILL BE TERMINATED FOR CATEGORICAL INELIGIBILITY

DISTRIBUTING COMPUTER-GENERATED VOUCHERS

FOLLOW ACCOUNTABILITY PROCEDURES WHEN YOU DISTRIBUTE COMPUTER-GENERATED VOUCHERS.

Arrange your program's certification and voucher distribution procedures so that under all normal circumstances, the person who distributes vouchers to a WIC participant is not the person who certified her/him.

Ask to see the participant's WIC ID card to make sure the right person gets the vouchers. Have proxies present the participant's WIC ID card and a dated authorization form or dated note signed by both the participant and proxy.

Be sure that the participant is eligible for vouchers this month.

Make sure every person receiving vouchers signs the voucher register, which serves as a receipt. Immediately write your initials and the date next to the participant's signature.

See the following sections in this Procedure Manual for more information:

- COMPUTER-GENERATED VOUCHER ISSUANCE
- ID CARDS
- PROXIES

UNDISTRIBUTED VOUCHERS

AN UNDISTRIBUTED VOUCHER IS A COMPUTER-GENERATED VOUCHER THAT WILL NOT BE ISSUED TO A PARTICIPANT.

SEND VOUCHERS RECEIVED WITH THE MONTHLY SHIPMENT, THAT YOU KNOW WILL NOT BE DISTRIBUTED, TO THE STATE WIC OFFICE BY THE 5TH OF THE ISSUE MONTH.

VOID ALL UNDISTRIBUTED VOUCHERS AND RETURN THEM TO THE STATE WIC OFFICE AS SOON AS YOU KNOW THE VOUCHERS WILL NOT BE DISTRIBUTED. DO NOT INCLUDE MANUAL VOUCHERS.

MAIL UNDISTRIBUTED VOUCHERS TO THE STATE WIC OFFICE AT LEAST ONCE A WEEK.

There are a number of reasons for undistributed vouchers, such as:

- The vouchers were not picked up.
- A participant was terminated from WIC after input cutoff day or input for termination had an error.
- A food package was changed after input cutoff day or input for change had an error.
- The participant was overdue for recertification.
- A food package was incorrect.
- The vouchers were returned unused by the participant.
- The vouchers were damaged.

IDENTIFYING UNDISTRIBUTED VOUCHERS

1. Upon receipt of the monthly voucher shipment, identify all vouchers that will not be distributed due to:

   a) a food package change after input cutoff,
   b) a participant termination submitted after input cutoff, or
   c) input which was rejected and uncorrected prior to input cutoff.

   Use the following methods to identify these vouchers:

- Use yellow input copies to determine participants whose input was mailed after cutoff.

- Use information on participant record flow sheet, if vouchers are placed in records.

- Use information on participant card if vouchers are attached to cards.

Return these undistributed vouchers to the state WIC office so that they are received by the 5th day of the issue month.

2. Identify current-month vouchers that will not be distributed due to unkept or unscheduled recertification appointments, and return these to state WIC office immediately.

3. Identify second month of vouchers not picked up and void them as soon as time limit for participant response (as indicated in notification letter) has passed.

4. Follow other standard procedures for weekly return of undistributed vouchers to the state WIC office.

RETURNING UNDISTRIBUTED VOUCHERS

1. Write in ink or stamp "VOID" on the face of each voucher.

2. Record all voided vouchers on the Voucher Register by writing or stamping "VOID" on the signature line, then initial and date each VOIDED line in the Voucher Register. DO NOT WRITE VOID ON THE LINE UNLESS YOU ARE CERTAIN THAT THE VOUCHERS WERE VOIDED.

3. REMOVE ALL PAPER CLIPS OR STAPLES FROM THE VOUCHERS.

4. Rubber band the vouchers into neat stacks, all vouchers facing the same direction. DO NOT STAPLE VOUCHERS TOGETHER.

5. DO NOT INCLUDE ANY MANUAL VOUCHERS (even if input was submitted).

6. Use postage-paid mailers to return undistributed vouchers to the state WIC office. Do not overstuff the envelopes; use two or more envelopes if needed. Seal them securely.

The returned vouchers will then be reconciled with their issuance records by the computer.

NOTE: If you find that some vouchers have not been sent in on time, send them banded separately with a note explaining the problem. If undistributed vouchers are returned late, participation statistics become inflated and inaccurate.

MANUAL VOUCHERS

MANUAL VOUCHERS ARE PRODUCED ONCE A MONTH BY THE WIC COMPUTER SYSTEM.

MANUAL VOUCHERS DO NOT HAVE THE PARTICIPANT'S NAME, IDENTIFICATION NUMBER OR DATE OF ISSUE PRINTED ON THEM. YOU WRITE THIS INFORMATION ON THEM.

Once a month the WIC computer system produces manual vouchers, in packages, for each local WIC program that has ordered them. Manual vouchers are delivered to the local WIC program with the computer-generated vouchers on about the 24th or 25th of the month, and are accompanied by a Voucher Transmittal Record, Manual Voucher Input Forms, and a Manual Voucher Inventory Log.

Use manual vouchers when:

1. No computer-generated vouchers have been issued for the participant because of:
   - initial certification or transfer
   - certification completed too late for input cutoff day
   - errors made on Type 1 participant input
   - input not sent or not received at state WIC office by cutoff
   - recertification input not sent or not accepted
2. The participant needs a package change
3. There is a mistake on a computer-generated voucher
4. You need to replace lost, stolen, or damaged vouchers

USING MANUAL VOUCHERS

There are 6 steps for using manual vouchers, manual voucher input forms, and the Manual Voucher Inventory Log. Each step is outlined in detail in the section(s) indicated below.

1.	Releasing MV's from inventory	MANUAL VOUCHER INVENTORY LOG
2.	Preparing MV's and inputs	PREPARING MANUAL VOUCHERS
		PREPARING MANUAL VOUCHER INPUT FORMS

3.	Distributing or voiding MV's and inputs	DISTRIBUTING MANUAL VOUCHERS VOIDING MANUAL VOUCHERS
4.	Batching and mailing inputs	BATCHING MANUAL VOUCHER INPUT FORMS MAILING GUIDELINES FOR MANUAL VOUCHER INPUT
5.	Completing the Main Inventory Log to indicate disposition of vouchers	MANUAL VOUCHER INVENTORY LOG
6.	Checking for acceptance of input onto Voucher Masterfile	MANUAL VOUCHER INVENTORY LOG WIC MANUAL VOUCHER UPDATE LISTING

ORDERING MANUAL VOUCHER PACKAGES

ORDER MANUAL VOUCHER PACKAGES ONCE A MONTH.

MAIL OR CALL IN YOUR ORDER TO THE STATE WIC OFFICE BY NOON ON THE ORDER DEADLINE DAY EACH MONTH.

Use the Manual Voucher Order Form and follow the procedures below to determine and order the maximum number of packages you need.

1. On the order form, record the number of each package type in your inventory. (Include all site and travel box inventories.) You may physically count the packages in your inventories OR you may count the packages not yet "Released" according to your Manual Voucher Inventory Logs. (Include all site and travel box logs.) Count all packages not yet written up for a participant.

2. Total and record the number of packages in your inventory (A).

3. Multiply your assigned caseload by .5 (B).

4. Subtract (A) from (B). This difference (C) is the maximum number of packages you can order.

5. Record how many of each package type you want to order. You may order as few as 2. Order even numbers of packages only.

6. Total and record the number of packages you want to order. Be sure this total does not exceed the maximum number of packages you can order (#4 above). Excessive orders will not be filled.

7. Do not fill in the column labeled "Total vouchers".

8. Fill in Program Name, Program #, Date, and quantities of Food Delivery Supplies ordered.

9. Whether you mail or phone in your order, be sure to give all information outlined in heavy black on the order form.

10. Keep a copy of your order form for your records.

MANUAL VOUCHER ORDER FORM

Program _____ Program # _____ Date _____ Called in by _____

FOOD PACKAGE	# PKGS. IN IN-VENTORY	PACKAGES ORDERED		TOTAL VOUCHERS (SA USE)
01			x4	
03			x5	
05			x4	
06			x5	
08			x5	
12			x5	
15			x4	
16			x5	
17			x4	
21			x1	
24			x1	
26			x5	
82			x4	
85			x6	
89			x4	
91			x4	
99			x4	
TOTALS				

SA ORDER REVIEW

Assigned caseload: _____

x .5: _____

Total pkgs. on hand: _____

Maximum pkgs. to be ordered: _____

Total pkgs. ordered: _____

ok____ not ok____ SA init. _____

FOOD DELIVERY SUPPLIES	Amount
Participant Input Forms	
Manual Voucher Input Forms	
Vendor Input Forms	
Input Log Forms	
Postage-Paid Mailers	
Other:	

1987 M.V. ORDERS DUE BY NOON OF:

January 13 (Tuesday)
February 10 (Tuesday)
March 12 (Thursday)
April 10 (Friday)
May 12 (Tuesday)
June 11 (Thursday)
July 15 (Wednesday)
August 13 (Thursday)
September 14 (Monday)
October 14 (Wednesday)
November 10 (Tuesday)
December 11 (Friday)

YOU MAY MAIL OR PHONE IN YOUR ORDER; IF PHONING GIVE ALL INFORMATION OUTLINED IN BLACK.

MA, WIC 12/86

RECEIVING MANUAL VOUCHERS

THE LOCAL AGENCY IS FINANCIALLY LIABLE FOR MANUAL VOUCHERS AS SOON AS THEY ARE DELIVERED TO THE AGENCY.

CALL THE STATE WIC OFFICE AS SOON AS YOU RECEIVE THE VOUCHERS AND REPORTS. THEN CHECK THE VOUCHERS AGAINST THE VOUCHER TRANSMITTAL RECORD AND REPORT ANY DISCREPANCIES IMMEDIATELY TO THE STATE WIC OFFICE.

VOUCHER TRANSMITTAL RECORD FOR MANUAL VOUCHERS

THE VOUCHER TRANSMITTAL RECORD FOR MANUAL VOUCHERS LISTS THE BEGINNING AND ENDING SERIAL NUMBERS, BY PACKAGE, OF ALL MANUAL VOUCHERS INCLUDED IN A SHIPMENT. CHECK THE VOUCHER SERIAL NUMBERS UPON RECEIPT OF THE VOUCHERS AND REPORT ANY DISCREPANCIES TO THE STATE OFFICE IMMEDIATELY.

KEEP THE VOUCHER TRANSMITTAL RECORD FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

TRANSMITTAL RECORD FOR MANUAL VOUCHERS

STATE OF MASSACHUSETTS
DATE = 04/15/86

B.S.O. = WIC SERVICES

PROGRAM 002 UPHAMS CORNER WIC

PACKAGE NUMBER 16

LEFT STARTING NUMBER 8298998 THRU LEFT ENDING NUMBER 8299072

RIGHT STARTING NUMBER 8398998 THRU RIGHT ENDING NUMBER 8399072

PACKAGE NUMBER 17

LEFT STARTING NUMBER 8299073 THRU LEFT ENDING NUMBER 8299092

RIGHT STARTING NUMBER 8399073 THRU RIGHT ENDING NUMBER 8399092

PACKAGE NUMBER 19

LEFT STARTING NUMBER 8299093 THRU LEFT ENDING NUMBER 8299162

RIGHT STARTING NUMBER 8399093 THRU RIGHT ENDING NUMBER 8399162

PACKAGE NUMBER 26

LEFT STARTING NUMBER 8299163 THRU LEFT ENDING NUMBER 8299187

RIGHT STARTING NUMBER 8399163 THRU RIGHT ENDING NUMBER 8399187

PACKAGE NUMBER 83

LEFT STARTING NUMBER 8299188 THRU LEFT ENDING NUMBER 8299207

RIGHT STARTING NUMBER 8399188 THRU RIGHT ENDING NUMBER 8399207

MANUAL VOUCHER INVENTORY LOG

TRACK ALL MANUAL VOUCHERS USING THE MANUAL VOUCHER INVENTORY LOG.

KEEP THE MANUAL VOUCHER INVENTORY LOG FOR SEVEN FISCAL YEARS AFTER THE YEAR IN WHICH THE LAST PACKAGE ON THE LOG WAS DISTRIBUTED OR VOIDED.

The Manual Voucher Inventory Log lists all manual vouchers issued to a program each month, in serial number order by food package. Use the MV Inventory Log to record the "history" of each manual voucher and its input form, so you can track any voucher at any time.

Each line of the MV Inventory Log corresponds to one package of manual vouchers and one input form. For each food package listing, the log lists two sets of serial numbers: first the left and then the right side serial numbers as they appear on the transmittal record for manual vouchers.

You receive two copies of the MV Inventory Log: one to be used as the Main Inventory Log, and one to be used as a Site Log.

- Keep the Main Inventory Log at your program's main office and use it to record the release of vouchers from the main inventory and indicate whether those vouchers were distributed or voided.

- Keep the Site Log(s) 1) at sites where vouchers are stored and 2) with travel boxes, and use them to record release of vouchers from site inventories or travel boxes and indicate whether those vouchers were distributed or voided.

  You are not required to use a site log if you update your Main Inventory Log at least twice a week. This ensures frequent monitoring of distribution patterns and voucher disposition. If manual vouchers are prepared in advance of distribution, keep a list of package numbers, serial numbers and dates of removal from inventory with the site MV inventory and with the Main Inventory Log.

See the end of this section for an Explanation of Terms.

Releasing MV's From Inventory

a. Main Inventory Log

Whenever MV packages are taken from the main inventory, either for immediate use or for adding to inventory at another site or travel box, the person releasing the vouchers records under RELEASED FROM INVENTORY 1) her/his initials, 2) the date, and 3) the site or travel box where the vouchers are used or sent. (See Example A following.)

When vouchers are sent to a site inventory or travel box, the corresponding pages of the Site Log should be sent with the vouchers. (You may need to make extra copies of some pages.)

The blank line following RELEASED FROM INVENTORY is optional and may be used to record information for tracking vouchers or input forms, such as participant name or ID number, issue date, control numbers, etc.

b. Site Log

Whenever MV packages are taken from a site inventory or travel box, the person releasing them records her/his initials and the date under RELEASED FROM INVENTORY. The site at which vouchers are used is recorded once at the top of the page at SITE ____*. (See Example B following.)

The blank line on the Site Log is for your use.

Completing Main Inventory Log To Indicate Disposition Of Vouchers

a. On a regular basis (daily or weekly), copy the distrib/void date from input copies onto the corresponding line on the Main Inventory Log under DISTRIB/VOID DATE. If the distribution date is in a month different from the month of issue, note the month of issue in the column provided.

Write "V" beside the date for fully-voided packages. For partially-voided packages, circle and write "V" above the voided serial numbers. (See Example C following.)

Store the input copies in serial number order behind their corresponding Main Inventory Log sheets. (If the input copies are stored at sites, bring the Main Inventory Log to the site where the copies are stored, record the DISTRIB/VOID DATE, then return the log to the main office.) An entry under DISTRIB/VOID DATE verifies that the input copy has been stored with the Main Inventory Log or physically verified as stored with Site Log.

b. When all MV packages that were produced in a given month have been distributed or voided, their corresponding log sheets and input copies should be stored together in serial number order by package and date produced.

Checking For Acceptance Of Input Onto Voucher Masterfile

To make sure input was accepted and to prevent cash errors*, match the weekly Voucher Update Listing against input copies or the Main Inventory Log. Place a check under INPUT ACCEPTED beside each package whose serial numbers are listed on the Voucher Update Listing. Correct and resubmit voucher inputs which don't appear on the Voucher Update Listing, if possible; most of these will appear on the Voucher Edit or Reject Listing.

If you follow this procedure, you may wish to keep your input copies together as batched until you've compared them with the Voucher Update Listing, and then file them with the corresponding log pages.

See the WIC MANUAL VOUCHER UPDATE LISTING section in this Voucher System Manual for more information on checking for acceptance of input onto the Voucher Masterfile.

* Paid vouchers for which there is no issuance record on the Voucher Masterfile. See the CASH ERRORS section of this Voucher System Manual.

EXPLANATION OF TERMS FOR MANUAL VOUCHER INVENTORY LOG

PRODUCED __/__/__	Date vouchers and inventory log were produced
RIGHT-PAGE 00_	Side of the voucher stock used during production
	Page number for log for this date (page numbers start at 1 for each month's log)
SITE	For "site log" only: site number where log is kept
RELEASED FROM INVENTORY	Three items to fill out on main log whenever vouchers leave main inventory. On site log, fill out first 2 items.
BY	Initials of person releasing vouchers
DATE	Date vouchers released from inventory
TO SITE	Site or travel box to which vouchers released (may be main site)
BLANK COLUMN	For local program use. May use to record participant's name, issue date, control number, etc.
DISTRIB/VOID DATE	Date on which vouchers were actually distributed to a participant or voided; copied from top line of input form.
	NOTE: this line verifies that the input form copy has been stored with the main log or physically verified as stored with the site log
ISSUE MONTH	Month of issue; complete only if month of issue differs from month of distribution
INPUT ACCEPTED	✓ when voucher serial numbers appear on update, then discard update. You may write date of update in place of a check mark.
RETAIN ... YEARS	Keep these documents for 7 fiscal years after the year in which this page of the log was fully completed

EXAMPLE A: MAIN MANUAL VOUCHER INVENTORY LOG

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 013-QUINCY WIC

PRODUCED 05/14/87
RIGHT-PAGE 004

SITE ____*

PACKAGE 08

VOUCHER SERIAL NUMBERS					RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	ISSUE MONTH	INPUT ACCEPTED
9361074	9361075	9361076	9361077	9361078	MC	6/3/87	02				
9361079	9361080	9361081	9361082	9361083	MC	6/3/87	02				
9361084	9361085	9361086	9361087	9361088	MC	6/3/87	02				
9361089	9361090	9361091	9361092	9361093	MC	6/3/87	02				
9361094	9361095	9361096	9361097	9361098	MC	6/3/87	01				
9361099	9361100	9361101	9361102	9361103	MC	6/9/87	TB				
9361104	9361105	9361106	9361107	9361108	MC	6/10/87	TB				
9361109	9361110	9361111	9361112	9361113							
9361114	9361115	9361116	9361117	9361118							
9361119	9361120	9361121	9361122	9361123							
9361124	9361125	9361126	9361127	9361128							
9361129	9361130	9361131	9361132	9361133							
9361134	9361135	9361136	9361137	9361138							
9361139	9361140	9361141	9361142	9361143							
9361144	9361145	9361146	9361147	9361148							
9361149	9361150	9361151	9361152	9361153							

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MO.

EXAMPLE B: SITE LOG

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 013-QUINCY WIC

PRODUCED 05/14/87
RIGHT-PAGE 004

SITE 02.

PACKAGE 08

VOUCHER SERIAL NUMBERS					RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	ISSUE MONTH	INPUT ACCEPTED
9361074	9361075	9361076	9361077	9361078	NE	6/6/87					
9361079	9361080	9361081	9361082	9361083	NE	6/7/87					
9361084	9361085	9361086	9361087	9361088	NE	6/13/87					
9361089	9361090	9361091	9361092	9361093							
9361094	9361095	9361096	9361097	9361098							
9361099	9361100	9361101	9361102	9361103							
9361104	9361105	9361106	9361107	9361108							
9361109	9361110	9361111	9361112	9361113							
9361114	9361115	9361116	9361117	9361118							
9361119	9361120	9361121	9361122	9361123							
9361124	9361125	9361126	9361127	9361128							
9361129	9361130	9361131	9361132	9361133							
9361134	9361135	9361136	9361137	9361138							
9361139	9361140	9361141	9361142	9361143							
9361144	9361145	9361146	9361147	9361148							
9361149	9361150	9361151	9361152	9361153							

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MO

EXAMPLE C: MAIN INVENTORY LOG

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 013-QUINCY WIC

PRODUCED 05/14/87
RIGHT-PAGE 004

PACKAGE 08

SITE ___*

VOUCHER SERIAL NUMBERS					RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	ISSUE MONTH	INPUT ACCEPTED
9361074	9361075	9361076	9361077	9361078	MC	6/3/87	02		6/4/87	5/87	___
9361079	9361080	9361081	9361082	✓ 9361083	MC	6/3/87	02		6/7/87	___	___
9361084	9361085	9361086	9361087	9361088	MC	6/3/87	02		V 6/13/87	___	___
9361089	9361090	9361091	9361092	9361093	MC	6/3/87	02			___	___
9361094	9361095	9361096	9361097	9361098	MC	6/3/87	01		6/6/87	___	___
9361099	9361100	9361101	9361102	9361103	MC	6/9/87	TB		6/14/87	___	___
9361104	9361105	9361106	9361107	9361108	MC	6/10/87	TB			___	___
9361109	9361110	9361111	9361112	9361113	___	___	___			___	___
9361114	9361115	9361116	9361117	9361118	___	___	___			___	___
9361119	9361120	9361121	9361122	9361123	___	___	___			___	___
9361124	9361125	9361126	9361127	9361128	___	___	___			___	___
9361129	9361130	9361131	9361132	9361133	___	___	___			___	___
9361134	9361135	9361136	9361137	9361138	___	___	___			___	___
9361139	9361140	9361141	9361142	9361143	___	___	___			___	___
9361144	9361145	9361146	9361147	9361148	___	___	___			___	___
9361149	9361150	9361151	9361152	9361153	___	___	___			___	___

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MO.

PREPARING MANUAL VOUCHERS

TO PREPARE A MANUAL VOUCHER, FILL IN THE FOLLOWING:

- PARTICIPANT'S IDENTIFICATION NUMBER
- PARTICIPANT'S NAME
- YOUR LOCAL PROGRAM SITE NUMBER
- DATE OF ISSUE

WRITE YOUR INITIALS, THE DATE AND THE SITE ON THE MANUAL VOUCHER INVENTORY LOG, AND FILL OUT A MANUAL VOUCHER INPUT FORM.

If you make an error, do not cross out or use correction fluid (whiteout); use a new voucher.

PREPARING MANUAL VOUCHER INPUT FORMS

USE MANUAL VOUCHER INPUT FORMS TO ADD INFORMATION ABOUT A PARTICIPANT RECEIVING MANUAL VOUCHERS TO THE VOUCHER MASTERFILE.

COMPLETE THE MANUAL VOUCHER INPUT FORM WHEN YOU ISSUE THE MANUAL VOUCHERS TO THE PARTICIPANT, AND MAKE SURE S/HE SIGNS IT.

KEEP A COPY OF THE COMPLETED INPUT FORM FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

The Manual Voucher Input Form is your link to the computer's Voucher Masterfile, which contains issuance information for all manual or computer-generated vouchers. Fill out manual voucher input forms carefully and accurately, and submit them regularly.

GENERAL INSTRUCTIONS (see the following sections for specific instructions for white and green forms)

1. Print neatly with ball point pen in an ink color other than black: blue is best, red is next best. This makes the input form easier to read for the people who keypunch the information, and reduces keypunch errors.

2. Always fill in the information on the input form starting at the left-most position.

3. If the number representing a month or day has only one digit, put a zero in front of it. (e.g., 4/9/87 becomes 040987.)

4. Start the participant identification number in the left-most space and leave the 8th digit blank.

5. Start the participant's name in the left-most space and leave unused positions blank. Use only the number of spaces allowed.

6. Complete the top line ("header") on every input form. The computer will not accept records with incomplete headers.

7. Fill in all fields on the manual voucher input form. Every field on the manual voucher input form is a critical field, and the computer will reject the input if any are left blank.

8. Make sure the participant ID number and site code match those assigned on the participant input form in order to prevent the participant's name from apppearing on the PNMF report.

   See the PARTICIPANTS NOT ON MASTERFILE section in this Voucher System Manual.

NOTE: All manual voucher input forms are Transaction Type 1's which add information to the Voucher Masterfile. INFORMATION IN THE VOUCHER MASTERFILE CANNOT BE CHANGED ONCE THE COMPUTER ACCEPTS IT.

There are two types of manual voucher input forms:

1. White preprinted manual voucher input forms - These input forms are preprinted with the serial numbers of the vouchers in a corresponding manual voucher package.

2. Green replacement manual voucher input forms - Use these inputs if the white preprinted input form cannot be used.

WHITE PREPRINTED MANUAL VOUCHER INPUT FORMS

MAKE SURE YOU COMPLETE ALL FIELDS IN THE HEADER AND LINE 1.

KEEP COMPLETED INPUT FORMS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

FILLING IN THE HEADER

Location code. Enter the two-digit code that designates your specific site. See the LOCAL PROGRAM AND SITE CODES section of this Voucher System Manual for codes.

Participant identification number. Enter the seven-digit identification number you have assigned to the participant. The computer assigns the eighth digit.

Distrib/void date. Enter the date the participant actually received the vouchers (or the date they were voided) using six digits. Example: April 4, 1987 would be 04/04/87.

Staff initials. The staff person distributing (or voiding) the vouchers writes her/his initials here soon as the participant signs the input form.

Participant signature. Make sure the participant or proxy signs here when s/he receives the vouchers. The input form is a receipt for the vouchers.

FILLING IN LINE 1

Participant's last and first name. Enter the participant's last and first names.

Issue date. Enter the six-digit number for month, day and year for the issue date written on the vouchers (which may be different from the date the participant actually receives the vouchers).

RETAINING MANUAL VOUCHER INPUT FORMS

Keep manual voucher input forms for seven years. File them in serial number order with the Manual Voucher Inventory Log. See MANUAL VOUCHER INVENTORY LOG section in this Voucher System Manual for more information.

SAMPLE WHITE PREPRINTED MANUAL VOUCHER INPUT FORM

04/15/86 LEFT PAGE 001

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 01

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRANS TYPE	DISTRIB/VOID DATE		
E	002	01	1170902	1	043086	LE	[signature]
I	2 4	5 6	7 14	15	16 21	STAFF INIT	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	MCLAUGHLIN	MARY	042786
	22 23 37	38 51	53 58

LINE 2	31	8298033	21	8298034	32	8298035	23	8298036		
	22	23 31	32	40	41	49	50	58	59	67

LINE 3										
	22	23 31	32	40	41	49	50	58	59	67

GREEN REPLACEMENT MANUAL VOUCHER INPUT FORMS

SUBMIT A GREEN MANUAL VOUCHER INPUT FORM IF FOR ANY REASON THE PREPRINTED WHITE FORM CANNOT BE USED.

COMPLETE ALL FIELDS IN THE HEADER AND LINE 1 (EXCEPT DESIGN. VENDOR). ALL FIELDS ARE CRITICAL FIELDS.

USE LINES 2 AND 3 TO RECORD THE VOUCHER CODE (TYPE) AND SERIAL NUMBER OF EACH MANUAL VOUCHER ISSUED.

KEEP COMPLETED MANUAL VOUCHER INPUT FORMS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

When completing a green manual voucher input form, make sure that:

1. You record on each form only manual vouchers that have the same issue date.
2. You complete a separate green input form for each participant who receives manual vouchers on any given day.
3. You complete all critical fields so that the computer can accept the input.
4. You copy the participant ID and site code exactly as they appear on the new participant input form or participant report, so that errors do not appear on PNMF report.

FILLING IN THE HEADER. EVERY FIELD IN THE HEADER IS A CRITICAL FIELD (*).

* Program code. Enter the three digit number that designates your specific local WIC Program. See LOCAL PROGRAM AND SITE CODES section in this Voucher System Manual for codes.
* Location code. Enter the two-digit code that designates your specific site within the local program. See LOCAL PROGRAM AND SITE CODES section in this Voucher System Manual for codes.
* Participant identification number. Enter the seven-digit identification number that you have assigned the participant. The computer assigns the eighth digit.
* Trans. type. The number 1 is pre-printed on the form.

FILLING IN THE HEADER (cont.)

* Batch date. Enter the date the participant actually received the vouchers (or the date they were voided) by month, day and year using six digits. For example: June 9, 1987 is 06/09/87.

  Staff initials. The staff person who distributed (or voided) the vouchers must write her/his initials as soon as the participant signs the input form.

  Participant or proxy signature. Make sure the participant or proxy signs here when s/he receives the manual vouchers. The input form thus becomes a receipt for the vouchers.

FILLING IN LINE 1

* Participant's last name. Enter the participant's last name.

* First name. Enter the participant's first name.

  Initial. Enter the participant's middle initial. Optional field.

* Voucher issue date. Enter the six-digit number by month, day and year that represents the date the vouchers are being issued.

  Designated vendor. This field is obsolete. Leave blank.

** CHECK CRITICAL FIELDS FOR LINE 1 **

FILLING IN LINES 2 AND 3

* Voucher code. Enter the two-digit code indicating the type of voucher being issued. This code number is printed on the voucher.

* Voucher serial number. Enter the seven-digit serial number that is printed on the voucher.

  Fill out blocks 2 through 10 as necessary, depending on the number of manual vouchers you are issuing.

** CHECK CRITICAL FIELDS FOR LINES 2 AND 3 **

RETAINING MANUAL VOUCHER INPUT FORMS

Keep manual voucher input forms for seven years. File them in serial number order with the Manual Voucher Inventory Log. See MANUAL VOUCHER INVENTORY LOG section in this Voucher System Manual for more information.

SAMPLE GREEN REPLACEMENT MANUAL VOUCHER INPUT FORM (COMPLETED)

The Commonwealth of Massachusetts — *Department of Public Health*

EMERGENCY VOUCHER INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS TYPE	BATCH DATE (MM/DD/YY)
E	099	05	57103231	1	042287

RK Marta Sanchez
PARTICIPANT OR PROXY SIGNATURE

LINE	PARTICIPANT'S LAST NAME	FIRST NAME	INIT.	VOUCHER ISSUE DATE (MM/DD/YY)	DESIG VENDOR
1	SANCHEZ	MARTA		04/28/87	

	1.	2.	3.	4.	5.
LINE	2				
VOUCHER CODE	14	14	14	15	07
VOUCHER SERIAL NUMBER	8881322	8881323	8881324	8015421	8177663

	6.	7.	8.	9.	10.
LINE	3				
VOUCHER CODE					
VOUCHER SERIAL NUMBER					

COMBINING MANUAL VOUCHER PACKAGES

THERE ARE A FEW CASES IN WHICH YOU MAY ISSUE TWO MANUAL VOUCHER PACKAGES TO A PARTICIPANT AT THE SAME TIME. TO MAKE SURE BOTH INPUTS ARE ACCEPTED ONTO THE VOUCHER MASTERFILE, FOLLOW THE PROCEDURES BELOW.

You may issue two manual voucher packages to a participant at the same time to:

1. enable a new participant to "catch up" to another family member's pick-up day
2. create a package not available as a manual voucher package
3. issue a package which is not in stock
4. issue more than 4 voucher 99s.

If you submit the input forms for both packages at the same time, one of them will be rejected since the computer will not accept two inputs with the same participant ID number. To make sure both inputs are accepted, either:

- Combine the input forms, OR
- Submit the inputs so that they reach the state WIC office in different input processing cycles. Processing cycles are from Friday afternoon to Wednesday noon, and from Wednesday afternoon to Friday noon.

Combining input forms ensures that input is received promptly. However, for "catch up" packages, another method is recommended. See page 2 of this section.

COMBINING MANUAL VOUCHER INPUT FORMS

In the following instructions, the input form which will be submitted to the state WIC office is referred to as Input A. The input which will not be submitted is referred to as Input B.

1. Select the input form for the package containing the larger number of vouchers. This will be Input A.

2. Copy the voucher type and serial numbers to be used from Input B into the next blank spaces (Line 2 or Line 3) on Input A. Void serial numbers which won't be used, if any, and attach the voided vouchers to Input B.

3. Complete Input A as usual.

4. On Input B, write "prepared with" followed by the food package number and the first serial number from Input A. Write the date and your initials.

5. On the Inventory Log listing Input A, record the package as released and distributed using normal procedures. File the copy of this input with its respective Inventory Log.

6. On the Inventory Log listing Input B, record the package as released using normal procedures. Record the package as distributed using the date the package was combined (as noted on Input B). Flag this entry (an asterisk is recommended) and do not count it when tallying your monthly participation. File both copies of the input with their respective Inventory Log.

ISSUING "CATCH UP" PACKAGES

A "catch up" package is an extra partial package given to a participant who is enrolled in the program at the beginning of the month and who will pick up her/his next set of vouchers in the middle of the next month.

In these cases, give one complete package and issue a second, partial package dated for the beginning of the following month. This allows the participant the appropriate time frames in which to use the vouchers. Hold the input form for the partial package until the next input cycle.

TWO MANUAL VOUCHER PACKAGE 08s COMBINED TO MAKE 1½ PACKAGE 08
(Inputs)

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 08

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRANS TYPE	DISTRIB/VOID DATE		
E	013	01	1639210	1	061087	NL (STAFF INIT)	Marilyn Jones (PARTICIPANT SIGNATURE)
	1 2 4	5 6	7 14	15	16 21		

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	JONES	MARILYN	061087
	22 23 37	38 51	53 58

LINE 2	24	9361074	25	9361075	25	9361076	26	9361077	27	9361078
	22	23 31	32	40	41	49	50	58	59	67

LINE 3	24	9361079	25	9361080	27	9361083				
	22	23 31	32	40	41	49	50	58	59	67

INPUT A

SUBMIT ORIGINAL; SAVE COPY

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 08

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

prepared with PKG 08, 9361074 NL 5/30/87

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRANS TYPE	DISTRIB/VOID DATE		
E	013			1			
	1 2 4	5 6	7 14	15	16 21	STAFF INIT	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1			
	22 23 37	38 51	53 58

LINE 2	24	9361079	25	9361080	25	VOID 9361081	26	VOID 9361082	27	9361083
	22	23 31	32	40	41	49	50	58	59	67

LINE 3										
	22	23 31	32	40	41	49	50	58	59	67

INPUT B

DO NOT SUBMIT; SAVE BOTH COPIES

TWO MANUAL VOUCHER PACKAGE 08s COMBINED TO MAKE 1½ PACKAGE 08
(Log)

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 013-QUINCY WIC

PRODUCED 05/14/87
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PACKAGE 08

SITE ___*

VOUCHER SERIAL NUMBERS					RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	ISSUE MONTH	INPUT ACCEPTED
9361074	9361075	9361076	9361077	9361078	NL	5/30/87	01	M. Jones	6/10/87		
9361079	9361080	9361081	9361082	9361083	NL	5/30/87	01		5/30/87*		
9361084	9361085	9361086	9361087	9361088							
9361089	9361090	9361091	9361092	9361093							
9361094	9361095	9361096	9361097	9361098							
9361099	9361100	9361101	9361102	9361103							
9361104	9361105	9361106	9361107	9361108							
9361109	9361110	9361111	9361112	9361113							
9361114	9361115	9361116	9361117	9361118							
9361119	9361120	9361121	9361122	9361123							
9361124	9361125	9361126	9361127	9361128							
9361129	9361130	9361131	9361132	9361133							
9361134	9361135	9361136	9361137	9361138							
9361139	9361140	9361141	9361142	9361143							
9361144	9361145	9361146	9361147	9361148							
9361149	9361150	9361151	9361152	9361153							

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MO.

MV LOG SHOWING PACKAGES CORRESPONDING TO INPUT A AND INPUT B

MANUAL VOUCHER PACKAGES 15 AND 21 COMBINED TO MAKE PACKAGE 16
(Inputs)

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 15

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRANS TYPE	DISTRIB/VOID DATE		
E	013	01	1237941	1	061887	80	Ana Perez
1	2-4	5-6	7-14	15	16-21	STAFF INIT	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	PEREZ	MARIA	061887
	22-37	38-51	53-58

LINE 2	14	9261324	14	9261325	14	9261326	15	9261327	07	9361544
	22-23	24-31	32	33-40	41	42-49	50	51-58	59	60-67
LINE 3										
	22-23	24-31	32	33-40	41	42-49	50	51-58	59	60-67

INPUT A

SUBMIT ORIGINAL; SAVE COPY

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 21

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

prepared with pkg. 15 9261324 80 6/15/87

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRANS TYPE	DISTRIB/VOID DATE		
E	013			1			
1	2-4	5-6	7-14	15	16-21	STAFF INIT	PARTICIPANT SIGNATURE

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1			
	22-37	38-51	53-58

LINE 2	07	9361544								
	22-23	24-31	32	33-40	41	42-49	50	51-58	59	60-67
LINE 3										
	22-23	24-31	32	33-40	41	42-49	50	51-58	59	60-67

INPUT B

DO NOT SUBMIT; SAVE BOTH COPIES

MANUAL VOUCHER PACKAGES 15 AND 21 COMBINED TO MAKE PACKAGE 16
(Log)

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 013-QUINCY WIC

PRODUCED 05/14/87
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PACKAGE 15

SITE ___*

VOUCHER SERIAL NUMBERS	RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	ISSUE MONTH	INPUT ACCEPTED
9261324 9261325 9261326 9261327	SO	6/18/87	01	M. PEREZ	6/18/87	___	___
9261328 9261329 9261330 9261331	___	___	___	___	___	___	___
9261332 9261333 9261334 9261335	___	___	___	___	___	___	___
9261336 9261337 9261338 9261339	___	___	___	___	___	___	___
9261340 9261341 9261342 9261343	___	___	___	___	___	___	___
9261344 9261345 9261346 9261347	___	___	___	___	___	___	___
9261348 9261349 9261350 9261351	___	___	___	___	___	___	___
9261352 9261353 9261354 9261355	___	___	___	___	___	___	___
9261356 9261357 9261358 9261359	___	___	___	___	___	___	___
9261360 9261361 9261362 9261363	___	___	___	___	___	___	___
9261364 9261365 9261366 9261367	___	___	___	___	___	___	___
9261368 9261369 9261370 9261371	___	___	___	___	___	___	___
9261372 9261373 9261374 9261375	___	___	___	___	___	___	___
9261376 9261377 9261378 9261379	___	___	___	___	___	___	___
9261380 9261381 9261382 9261383	___	___	___	___	___	___	___
9261384 9261385 9261386 9261387	___	___	___	___	___	___	___

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MNTH

HV LOG SHOWING PACKAGE CORRESPOND TO INPUT F

MASSACHUSETTS WIC PROGRAM
MANUAL VOUCHER INVENTORY LOG
PROGRAM 013-QUINCY WIC

PRODUCED 05/14/87
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PACKAGE 21

SITE ___*

VOUCHER SERIAL NUMBERS	RELEASED FROM INVENTORY BY*	DATE*	TO SITE		DISTRIB/ VOID DATE	ISSUE MONTH	INPUT ACCEPTED
9361544	SO	6/18/87	01	M. Perez	6/18/87	* ___	___
9361545	___	___	___	___	___	___	___
9361546	___	___	___	___	___	___	___
9361547	___	___	___	___	___	___	___
9361548	___	___	___	___	___	___	___

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MNTH

HV LOG SHOWING PACKAGE CORRESPOND TO INPUT

DISTRIBUTING MANUAL VOUCHERS

FOLLOW ACCOUNTABILITY PROCEDURES WHEN YOU DISTRIBUTE MANUAL VOUCHERS.

Arrange your program's certification and voucher distribution procedures so that under all normal circumstances, the person who distributes vouchers to a WIC participant is not the person who certified her/him.

Ask to see the participant's WIC ID card to make sure the right person gets the vouchers. Have proxies present the participant's WIC ID card and a dated authorization form or dated note signed by both the participant and proxy.

Be sure that the participant is eligible for vouchers this month.

Make sure every person receiving vouchers signs the input form, which serves as a receipt. Immediately write your initials and the date next to the participant's signature.

See the following sections in this Procedure Manual for more information:

- PREPARING MANUAL VOUCHERS
- MANUAL VOUCHER INVENTORY LOG

VOIDING MANUAL VOUCHERS

VOID AND RETAIN ALL MANUAL VOUCHERS THAT CANNOT BE USED.

KEEP VOUCHERS AND RECORDS FOR 7 YEARS FROM THE END OF THE FISCAL YEAR IN WHICH THEY WERE VOIDED.

You may have to void manual vouchers for the following reasons:

- an error is made when filling in the voucher
- vouchers are filled in for a specific participant but are not given to the participant (e.g. no show for voucher pick-up, wrong food package, etc.)
- a voucher gets torn or otherwise mutilated
- voucher(s) are returned by the participant

PROCEDURE FOR VOIDING MANUAL VOUCHERS

If you are voiding an entire package:

a. Stamp or mark each voucher "VOID".

b. Write on the preprinted input form for the package:

- "ALL VOID"
- the date the vouchers were voided under DISTRIB/VOID DATE
- initals of WIC staff who voided the vouchers

See Example A following.

c. Attach the voided vouchers to both copies of the voided input form.

d. On the Manual Voucher Inventory Log, write "V" and the date under DISTRIB/VOID DATE.

See Example C in the MANUAL VOUCHER INVENTORY LOG section of this Voucher System Manual.

e. File the voided vouchers and input form with distributed or voided input forms, in serial number order, with the corresponding Manual Voucher Inventory Log page.

If you are voiding part of a package:

a. Stamp or mark "VOID" on the vouchers you are not using.

b. Write on the preprinted input form:

- "VOID" across the serial numbers of the voided vouchers
- the date the vouchers were voided
- the initials of the staff person who voided the vouchers

See Example B following.

c. Distribute the remaining vouchers using normal procedures.

See the DISTRIBUTING MANUAL VOUCHERS section in this Voucher System Manual.

d. Attach the voided vouchers to your signed copy of the input form.

e. On the Manual Voucher Inventory Log, circle and write "V" above the voided serial number(s) and write the date of distribution.

See the MANUAL VOUCHER INVENTORY LOG section in this Voucher System Manual.

f. File the signed copy and voided vouchers with other distributed or voided input forms, in serial number order, with corresponding Manual Voucher Inventory Log page.

g. Send one copy of the input form to the state WIC office.

See the following sections in this Voucher System Manual: BATCHING MANUAL VOUCHER INPUT FORMS and MAILING GUIDELINES FOR MANUAL VOUCHER INPUT.

VOIDING MANUAL VOUCHER PACKAGES

04/15/86 LEFT PAGE 001

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 01

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

ALL VOID

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRANS TYPE	DISTRIB/VOID DATE		
	1 2 4	5 6	7 14	15	16 21	STAFF INIT	PARTICIPANT SIGNATURE
E	002	02	2654322	I	051387	DE	

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
	22 23 37	38 51	53 58
LINE 1	TRINH	XO	050987

LINE 2	31	8298033	21	8298034	32	8298035	23	8298036		
	22 23	31	32	40	41	49	50	58	59	67
LINE 3										
	22 23	31	32	40	41	49	50	58	59	67

EXAMPLE A

VOIDING ENTIRE MV PACKAGE

04/15/86 LEFT PAGE 001

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 01

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRANS TYPE	DISTRIB/VOID DATE		
	1 2 4	5 6	7 14	15	16 21	STAFF INIT	PARTICIPANT SIGNATURE
E	002	02	2654321	1	050687	HC	

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
	22 23 37	38 51	53 58
LINE 1	EARLEY	NAOMI	050687

LINE 2	31	8298033	21	8298034	32	8298035	23	8298036		
	22 23	31	32	40	41	49	50	VOID 58	59	67
LINE 3										
	22 23	31	32	40	41	49	50	58	59	67

EXAMPLE B

VOIDING PARTIAL MV PACKAGE

SUBMITTING MANUAL VOUCHER INPUT

IN ORDER TO KEEP YOUR VOUCHER MASTERFILE UP TO DATE, SUBMIT BATCHED MANUAL VOUCHER INPUT TO THE STATE WIC OFFICE ON A REGULAR BASIS.

BATCHING MANUAL VOUCHER INPUT FORMS

TO SUBMIT INFORMATION TO THE VOUCHER MASTERFILE, GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE INPUT FORMS.

CHECK YOUR INPUT FORMS, ESPECIALLY HEADERS, FOR ACCURACY AND COMPLETENESS IN CRITICAL FIELDS TO REDUCE PNMF AND CASH ERRORS.

SEPARATE ALL OF YOUR MANUAL VOUCHER INPUT FORMS INTO BATCHES BY SITE, AND PREPARE AN INPUT LOG FORM FOR EACH MAILING OF INPUT.

To prepare input for mailing:

- Staple up to 50 input forms together, all of the same type, from the same site
- Staple once only, in upper left corner
- In the upper right corner of the top input form, write and circle the total number of input forms in the batch (see example in this section)
- Send as many batches of input together as you wish
- For each envelope of input, enclose one input log listing the totals for each type of input in the envelope (see example in this section)

EXAMPLE OF THE TOP INPUT FORM IN A STAPLED GROUP OF INPUTS

04/15/86 LEFT PAGE 001

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 01

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

15

	PROGRAM CODE	LOCATION CODE	PARTICIPANT ID NUMBER	TRANS TYPE	DISTRIB/VOID DATE	STAFF INIT	PARTICIPANT SIGNATURE
E	002	01	1170902	1	043086	LE	
1	2 4	5 6	7 14	15	16 21		

	PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	ISSUE DATE
LINE 1	MCLAUGHLIN	MARY	042796
	22 23 37	38 51	53 58

LINE 2	31	8298033	21	8298034	32	8298035	23	8298036		
	22 23	31,	32	40	41	49	50	58	59	67

LINE 3										
	22 23	31	32	40	41	49	50	58	59	67

SAMPLE COMPLETED INPUT LOG FORM

Massachusetts WIC Program

INPUT LOG

(Input Sent to State Office)

Program Name DORCHESTER / ROXBURY

Date Mailed 4/30/87

Amount sent:

10	Participant type 1's
—	Participant type 2's
20	Manual voucher inputs
—	Vendor inputs

MAILING GUIDELINES FOR MANUAL VOUCHER INPUT

SEND YOUR BATCHED INPUT FORMS TO THE STATE OFFICE REGULARLY AND FREQUENTLY, AT LEAST TWICE A WEEK, USING PREPRINTED BUSINESS REPLY MAIL ENVELOPES.

IF YOU DON'T KNOW HOW LONG IT USUALLY TAKES THE POST OFFICE TO DELIVER YOUR INPUT TO THE STATE OFFICE, FIND OUT BY ASKING STATE STAFF TO CHECK THE STATE LOGBOOK.

TAKE MAILING TIME INTO ACCOUNT, AND ESTIMATE MAILING TIME GENEROUSLY.

STATE STAFF WILL INFORM YOU ON REQUEST ABOUT INPUT RECEIVED.

It can take from several days to a week and a half for your manual voucher input to be processed by the WIC computer system, depending on when you mail it and how long the post office takes to deliver it.

Weekly cutoff times for manual voucher input are Wednesday noon and Friday noon.

- Input received by Wednesday noon is included in reports mailed on Friday of the same week.
- Input received by Friday noon is included in reports mailed on Tuesday of the following week.

This schedule may vary somewhat on the week when vouchers are produced, or in case of holidays.

MONTHLY INVENTORY CHECK

ONCE A MONTH, MAKE A PHYSICAL INVENTORY OF ALL MANUAL VOUCHERS ON HAND (ALL MANUAL VOUCHERS NOT DISTRIBUTED OR VOIDED) AND COMPARE IT WITH THE MANUAL VOUCHER INVENTORY LOG.

To carry out the monthly inventory check, use the following procedure:

1. Update the DISTRIB/VOID column on the main Manual Voucher Inventory Log to make it as current as possible.

2. On the Monthly Inventory of Manual Vouchers form, record the serial numbers (in batches when possible) of all manual vouchers on hand. Include manual vouchers at all sites which are in inventory or which have been prepared for a participant but not yet distributed.

   The Monthly Inventory of Manual Vouchers form is included in your Originals Packet.

3. Compare the serial numbers listed on the Monthly Inventory of Manual Vouchers form with those on the main Manual Voucher Inventory Log. The serial numbers recorded on the monthly inventory form should be the same as the serial numbers of manual vouchers which have not been either distributed or voided as shown on the main inventory log.

4. Investigate any discrepancies in which vouchers cannot be found and the vouchers have not been recorded as distributed or voided on the main inventory log. You should be able to locate all vouchers which:

   - have not been released on main and/or site logs

   OR

   - have been released on the main log and site logs but not yet distributed or voided on the main Manual Voucher Inventory Log.

5. Record and explain any unresolved discrepancies on the back of the monthly inventory form or an attached sheet. Do not carry unresolved discrepancies forward on subsequent monthly inventory logs.

6. The Program Director should verify, sign, and date the Monthly Inventory of Manual Vouchers.

7. Store the Monthly Inventory of Manual Vouchers in the main office. Keep it for seven years from the end of the fiscal year to which it pertains.

NOTE: 1. The person who makes the physical inventory of manual vouchers on hand should not be the same person who compares the monthly inventory form with the main inventory log.

2. Manual vouchers which are prepared in advance but not yet distributed are considered to be "on hand"; include them in the physical monthly inventory. These prepared MVs will be easier to inventory if you store them in one location rather than in participant's records. (Corresponding MV input forms can be stored in the participant's records as a reminder that MVs have been prepared.)

USING WEEKLY MANUAL VOUCHER MANAGEMENT REPORTS

MANUAL VOUCHER EDIT, UPDATE AND REJECT LISTINGS ARE SENT TO YOU TWICE A WEEK.

USE THE MANUAL VOUCHER UPDATE, EDIT, AND REJECT LISTINGS REGULARLY TO KEEP YOUR VOUCHER MASTERFILE AS UP-TO-DATE AS POSSIBLE.

Keep your Voucher Masterfile up-to-date to avoid cash errors and PNMF items.

- See the CASH ERRORS section in this Voucher System Manual for a detailed explanation of cash errors.
- See the PARTICIPANTS NOT ON MASTERFILE section of this Voucher System Manual for a detailed explanation of the PNMF listing.

USING THE EDIT, UPDATE, AND REJECT LISTINGS

Use the following procedure to identify all manual voucher input not accepted onto the Voucher Masterfile so that the input can be corrected and resubmitted.

1. Retain signed manual voucher input copies in batches as mailed until you receive the appropriate weekly reports.
2. Compare these copies with the Manual Voucher Update Listing to determine which inputs were accepted.
3. Place a ✓ under INPUT ACCEPTED and note the date accepted on the Manual Voucher Inventory Log for each manual voucher input which is listed on the Update. Check to see that all voucher serial numbers on the input copy have been listed. After checking on the MV Log all input which appears on the Update Listing, you may discard the Update Listing.
4. Compare the remaining input copies with the Edit and Reject Listings. Make corrections and resubmit inputs when possible.
5. Input copies which do not match the Update, Edit or Reject Listings probably have a missing or incorrect program code which cannot be corrected, have been lost in the mail, or were overlooked or incorrectly processed during the keypunch operation.

WIC MANUAL VOUCHER UPDATE LISTING

THE WIC MANUAL VOUCHER UPDATE LISTING LISTS EVERY MANUAL VOUCHER RECORD WHICH HAS BEEN ACCEPTED IN THE VOUCHER MASTERFILE.

The Manual Voucher Update Listing contains all the information accepted from manual voucher input forms. Each voucher serial number accepted is listed along with the voucher type, its date of issue, the program and location code, participant ID number and name, and date of distribution.

The listing is sorted by program and site, and the entries are in voucher serial number order.

MANUAL VOUCHER UPDATE

PAGE 9

WIC MANUAL VOUCHER UPDATE
AS/OF 05/22/87

CAPE COD WIC LOC 04

	VOUCHER NO.	CODE	DATE ISSUED	PROG	LOC	RECIP ID	LAST NAME	FIRST NAME	INIT	HOUSEHOLD ID	DATE CODED
ADD	9255072	14	87-05-14	071	04	40203424	BI[redacted]	NICHOLE		40203424	87-05-18
ADD	9255073	15	87-05-14	071	04	40203424	BI[redacted]	NICHOLE		40203424	87-05-18
ADD	9255109	14	87-05-14	071	04	40201121	RU[redacted]	JACOB		40201121	87-05-14
ADD	9255110	14	87-05-14	071	04	40201121	RU[redacted]	JACOB		40201121	87-05-14
ADD	9255113	07	87-05-14	071	04	40201121	RU[redacted]	JACOB		40201121	87-05-14
ADD	9255114	14	87-05-14	071	04	40201139	RU[redacted]	JESSE		40201139	87-05-14
ADD	9255115	14	87-05-14	071	04	40201139	RU[redacted]	JESSE		40201139	87-05-14
ADD	9255118	07	87-05-14	071	04	40201139	RU[redacted]	JESSE		40201139	87-05-14
ADD	9255119	14	87-05-14	071	04	40203028	DA[redacted]	SHAREE		40203028	87-05-14
ADD	9255120	14	87-05-14	071	04	40203028	DA[redacted]	SHAREE		40203028	87-05-14
ADD	9255121	14	87-05-14	071	04	40203028	DA[redacted]	SHAREE		40203028	87-05-14
ADD	9255122	15	87-05-14	071	04	40203028	DA[redacted]	SHAREE		40203028	87-05-14
ADD	9255123	07	87-05-14	071	04	40203028	DA[redacted]	SHAREE		40203028	87-05-14
ADD	9255124	14	87-05-14	071	04	40203622	PI[redacted]	MIRANDA		40203622	87-05-14
ADD	9255125	14	87-05-14	071	04	40203622	PI[redacted]	MIRANDA		40203622	87-05-14
ADD	9255126	14	87-05-14	071	04	40203622	PI[redacted]	MIRANDA		40203622	87-05-14
ADD	9255127	15	87-05-14	071	04	40203622	PI[redacted]	MIRANDA		40203622	87-05-14
ADD	9255128	07	87-05-14	071	04	40203622	PI[redacted]	MIRANDA		40203622	87-05-14
ADD	9327772	39	87-05-14	071	04	40202921	HD[redacted]	KAREN		40202921	87-05-14
ADD	9327773	40	87-05-14	071	04	40202921	HD[redacted]	KAREN		40202921	87-05-14
ADD	9327774	41	87-05-14	071	04	40202921	HO[redacted]	KAREN		40202921	87-05-14
ADD	9327775	42	87-05-14	071	04	40202921	HD[redacted]	KAREN		40202921	87-05-14
ADD	9327784	39	87-05-14	071	04	40203226	PE[redacted]	CRYSTAL		40203226	87-05-14
ADD	9327785	40	87-05-14	071	04	40203226	PE[redacted]	CRYSTAL		40203226	87-05-14
ADD	9327786	41	87-05-14	071	04	40203226	PE[redacted]	CRYSTAL		40203226	87-05-14
ADD	9327787	42	87-05-14	071	04	40203226	PE[redacted]	CRYSTAL		40203226	87-05-14

WIC MANUAL VOUCHER EDIT LISTING

THE WIC MANUAL VOUCHER EDIT LISTING RECORDS ERRORS THAT WERE MADE ON MANUAL VOUCHER INPUT FORMS.

The WIC Manual Voucher Edit Listing lists 2 types of errors made on manual voucher input. The following error flags appear in the far right hand column of the Edit Listing.

REJECTED - The entire record was rejected by the computer due to an error in a critical field.

The record as it appears on the input form is printed with the code 4 or 5 appearing under each character in a field where data is missing or unacceptable. The key to the code is at the bottom of the page. Correct or fill in the missing data on the input copy, copy the corrected input, resubmit the corrected input, and save the copy.

DUPLICATE CARD NUMBER * CARD REJECTED - Two manual voucher inputs each with the same participant identification number were submitted within the same input cycle.

The computer combines the information as follows:

Data from lines 1 and 2 of the first input was accepted and appears on the Manual Voucher Update Listing. Data from lines 1 and 2 of the second input was rejected and appears beside the flag DUPLICATE LINE NUMBER * CARD REJECTED.

If both inputs have data on line 3, only data from line 3 of the first input was accepted and appears on the Manual Voucher Update Listing, and data from line 3 of the second input appears beside DUPLICATE LINE NUMBER * CARD REJECTED.

If only the first input has data on line 3, this data was accepted and appears on the Manual Voucher Update Listing with the data from lines 1 and 2 of this input. However, if only the second input has data on line 3, this data was accepted and appears on the Manual Voucher Update Listing with data from lines 1 and 2 from the first input. Thus, the voucher serial numbers on line 3 of the second input will appear in the Voucher Masterfile as having been issued to the participant listed on the first input.

Unfortunately, there is now no way to make corrections to the Voucher Masterfile. Resubmit corrected inputs when possible and document errors in the Voucher Masterfile as follows:

- When the first input has the correct ID # and was accepted on the Update Listing, and the second input has the wrong ID # and was rejected on the Edit Listing, correct the ID # on the second input, copy the corrected input and resubmit it.

- When the first input has the wrong ID # but was accepted on the Update Listing and the second input has the correct ID # but was rejected on the Edit Listing, write the correct ID # on the first input copy; copy and resubmit the second input.

- When line 3 from the second input was accepted on the Update Listing under the participant's name from the first input, correct the ID # if necessary, then copy and resubmit the second input. On the input mailed to the state office, cross out line 3 as these serial numbers are already in the Voucher Masterfile and will bounce. Beside line 3 on your copy of the second input, note the participant name from the first input (accepted on the Update Listing).

MANUAL VOUCHER EDIT LISTING

WIC EDIT LISTIHG AS OF 09/19/86 PAGE 1
HORTH SHORE WIC LOCATIOH 01

INPUT CODE	PROG	LOC	RECIPIEHT NUMBER	TP	DATE	LIHE NO	LAST HAME	FIRST HAME	INIT ISSUE DATE	HOUSEHOLO CODE	OESIG. VEHDOR	CLASS CODE	ALT. VEHDOR	
E	055	01	04665 55555555	1	09-15-86	1	08-RIV[redacted]	MARIA	09-15-86	04665 55555555				REJECTED
			55555555			2	1ST VOUCHER 24 8479585	2ND VOU ER 25 8479586	3RD VOUCHER 25 8479587	4TH VOUCHER 26 8479588	5TH VOUCHER 27 8479589			REJECTED
			55555555				6TH VOUCHER	7TH VOUCHER	8TH VOUCHER	9TH VOUCHER	10TH VOUCHER			REJECTED

1

* PLEASE RESUBMIT EHTIRE RECORO AS A TYPE 1 TRANSACTIOH.

E055010926303 10912861ROD[redacted] LORANYELY 081586 ***** OUPLICATE LINE HUMBER * CARO REJECTED

2

E055010926303 109128620184799720184799730184799740284799750784800052 ***** DUPLICATE LIHE NUMBER * CARD REJECTED

INPUT CODE	PROG	LOC	RECIPIEHT NUMBER	TP	DATE	LIHE NO	LAST HAME	FIRST NAME	IHIT ISSUE DATE	HOUSEHOLO CODE	OESIG. VEHDOR	CLASS CODE	ALT. VENDOR	
E	055	01	0934203	1	09-05-86	1	17 CA[redacted]	YARIS	E 09-05-86	0934203				REJECTED
							1ST VOUCHER	2HO VOU ER	3RD VOUCHER	4TH VOUCHER	5TH VOUCHER			REJECTED
							44 4444444							
							6TH VOUCHER	7TH VOUCHER	8TH VOUCHER	9TH VOUCHER	10TH VOUCHER			REJECTED

3

* PLEASE RESUBMIT EHTIRE RECORD AS A TYPE 1 TRAHSACTIOH.

* 1 BENEATH A FIELD MEANS DATA IS MISSING FOR A REQUIRED FIELO. RECORO IS ACCEPTEO
* 2 BENEATH A FIELO MEANS UNACCEPTABLE DATA FORMAT FOR THAT FIELD. FIELO HAS BEEH SKIPPED BUT RECORO IS ACCEPTEO.
* 3 BENEATH A FIELO MEANS OATA FORMAT IS CORRECT BUT DATA ENTEREO EXCEEOS RANGE OF ACCEPTABLE VALUES FIELO HAS BEEH SKIPPEO BUT RECORO IS ACCEPTED
* 4 BENEATH A FIELD MEANS DATA IS MISSING FOR A CRITICAL FIELO RECORD IS REJECTEO.
* 5 BENEATH A FIELD MEANS DATA IS UNACCEPTABLE FOR A CRITICAL FIELO RECORD IS REJECTED.

WIC MANUAL VOUCHER UPDATE REJECT LISTING

THE WIC MANUAL VOUCHER UPDATE REJECT LISTING LISTS ERRORS INVOLVING VOUCHER SERIAL NUMBERS.

There are two types of errors flagged under REASON REJECTED on the WIC Manual Voucher Update Reject Listing.

DUPLICATE ADD - The computer has rejected this input because this voucher serial number has already been accepted in the Voucher Masterfile. This may occur for the following reasons:

1. Your copy of the input was accidently submitted after the original was accepted. In this case you will have no copy of the input on hand. Make a note on the Manual Voucher Inventory Log.

2. Voucher serial numbers were copied incorrectly when being manually added to an input form, and now they match numbers already accepted in the voucher masterfile. Determine the correct numbers and resubmit the input.

3. Key-punching error. Voucher serial numbers were incorrectly keyed as numbers already in the voucher masterfile. Determine the correct numbers and resubmit.

   During a prior keypunching operation, voucher serial numbers may have been miskeyed so that when actual numbers are submitted later, they are rejected as duplicates. This cannot be corrected; note problem on your input copy.

DUPLICATE TRANS (TRANSACTION) - The computer has rejected this input because this voucher serial number appeared twice in this input cycle; the serial number gets listed twice on the same Reject Listing. This may occur for the following reasons:

1. The preprinted serial numbers were changed and match serial numbers on other input (also rejected as DUPLICATE TRANS) submitted in the same input cycle. (For this reason, never change preprinted serial numbers.) Correct the problem and resubmit one or both inputs if you can. Otherwise, note the problem on both input copies.

2. Voucher serial numbers were copied incorrectly when being manually added to an input form, and now they match numbers already accepted in the voucher masterfile.

3. Key-punching error. Copy and resubmit both input copies.

MANUAL VOUCHER REJECT LISTING

REJECT LISTING
WIC EMERGENCY VOUCHER UPDATE
AS/OF 06/08/85

PAGE 1

ROXBURY WIC LOC 01

this number already recorded in masterfile

	VOUCHER NO.	CODE	DATE ISSUED	PROG	LOC	RECIP ID	LAST NAME	FIRST NAME	INIT	HOUSEHOLD ID	DATE CODED	REASON REJECTED
ADD	9808668	14	85-05-22	010	01	01021898	BEL[redacted]	TAHIRA		01021898	85-05-24	DUPLICATE ADD
ADD	9808669	15	85-05-22	010	01	01021898	BEL[redacted]	TAHIRA		01021898	85-05-24	DUPLICATE ADD
ADD	9908546	14	85-05-08	010	01	00029140	DAN[redacted]	CORIE M		00029140	85-05-31	DUPLICATE TRANS
ADD	9908546	14	85-05-08	010	01	00029140	DAN[redacted]	CORIE M		00029140	85-05-31	DUPLICATE TRANS

duplicate voucher serial numbers

VOUCHER SECURITY

EACH YEAR LOCAL WIC PROGRAMS HANDLE VOUCHERS WORTH MILLIONS OF DOLLARS.

LOCAL AGENCIES ARE FINANCIALLY RESPONSIBLE FOR ALL VOUCHERS THEY HAVE RECEIVED.

TO AVOID LOSS OR THEFT OF VOUCHERS, FOLLOW THE ESTABLISHED PREVENTIVE SECURITY PROCEDURES FOR THE HANDLING OF VOUCHERS.

Make sure you follow all voucher security procedures so you can account for every voucher received.

SAFEGUARDING VOUCHERS AND PROGRAM STAMPS

STORE VOUCHERS AND PROGRAM STAMPS ("MASS. WIC" STAMPS) IN SEPARATE, LOCKED FACILITIES.

STORE ALL MANUAL VOUCHERS SEPARATELY FROM THE CORRESPONDING INPUTS AND INVENTORY LOG.

STORE COMPUTER-GENERATED VOUCHERS SEPARATELY FROM THE CORRESPONDING VOUCHER REGISTER.

To avoid being held liable for any stolen vouchers, follow all the accountability procedures required by the state WIC office, plus any additional measures appropriate to your local program situation.

Never leave vouchers or program stamps unattended. Store the vouchers and stamps in separately locked facilities. This increases the difficulty of validating stolen vouchers.

If you are missing a program stamp, call the state WIC office immediately.

The voucher register, input forms and inventory log are a record of which vouchers have been distributed or voided and which vouchers are on hand. Storing these records separately lessens the likelihood of their being stolen along with vouchers.

PROGRAM STAMPS

MAKE SURE EACH INDIVIDUAL WHO ISSUES WIC VOUCHERS STAMPS THEM WITH HER/HIS INDIVIDUAL PROGRAM STAMP CONTAINING A 4-DIGIT NUMBER INDICATING THE PROGRAM CODE AND INDIVIDUAL IDENTIFICATION NUMBER.

Request program stamps for each member of your staff who distributes vouchers.

1. Give the state WIC office the name and title of the person needing the stamp.

2. The state WIC office enters this information onto the program stamp register, and mails the stamp and a copy of the stamp register to you.

3. Have the person needing the stamp sign and date the stamp register, and return the copy containing the original signature to the state WIC office.

When staff members leave your program, have them sign and date the stamp register when they return the stamp to you.

You may reissue a program stamp to a new staff person using the above procedure.

RECORD OF STAFF SIGNATURES AND INITIALS

FOR EACH FISCAL YEAR, MAINTAIN A LIST OF THE NAMES OF ALL STAFF HANDLING VOUCHERS, WITH A RECORD OF THEIR SIGNATURES AND HANDWRITTEN INITIALS.

KEEP THIS LIST FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

This list allows identification of staff later if needed by local program staff, state staff, or auditors.

See the Originals Packet for a copy of this form.

REPORTING LOST OR STOLEN VOUCHERS

IF ANY VOUCHERS ARE MISSING FROM YOUR PROGRAM AND YOU CANNOT ACCOUNT FOR THEM, CALL THE STATE WIC OFFICE IMMEDIATELY.

IF A PARTICIPANT REPORTS HER/HIS VOUCHERS LOST OR STOLEN, CALL THE STATE WIC OFFICE IMMEDIATELY.

When you call the state WIC office to report lost or stolen vouchers, provide the following information:

1. Program name
2. Participant's name (the name on the vouchers)
3. Voucher(s) date of issue
4. Serial number(s) of the voucher(s) that were lost or stolen
5. Whether the vouchers were lost or stolen

The state WIC office gives this information to the WIC bank so that a "stop payment" can be ordered for each voucher reported lost or stolen. The bank will not reimburse any vendor for a voucher on which payment has been stopped.

NOTE: If a vendor accepts, in good faith, a WIC voucher on which payment is stopped, the state WIC office will reimburse the vendor if the voucher has been properly redeemed (stamped, signed, etc.) Have the vendor submit the voucher and an explanation directly to the state WIC office. Bounced-check fees charged to the vendor will also be reimbursed if the vendor sends a copy of the bank statement listing the fee.

When vouchers reported lost or stolen are cashed, the state WIC office examines them for matching signatures. If the signatures match, you will be contacted so that you can take appropriate follow-up measures (including sanctioning, if necessary) with the participant.

MAINTAINING THE PARTICIPANT MASTERFILE

THE PARTICIPANT MASTERFILE IS A COMPUTER FILE CONTAINING INFORMATION ABOUT EACH PARTICIPANT WHO IS CURRENTLY ACTIVE (RECEIVING COMPUTER-GENERATED VOUCHERS) OR INACTIVE (TERMINATED WITHIN THE LAST FOUR MONTHS).

THE INFORMATION IN THE PARTICIPANT MASTERFILE IS USED TO GENERATE VOUCHERS AND TO PRODUCE REPORTS CONTAINING INFORMATION AND STATISTICS ABOUT PARTICIPANTS.

KEEP THE PARTICIPANT MASTERFILE AS CURRENT AS POSSIBLE TO ENSURE PRODUCTION OF CORRECT VOUCHERS AND REPORTS AND TO PROVIDE ACCURATE STATISTICS ON PARTICIPTION WHICH ARE USED BY THE STATE WIC OFFICE TO REQUEST OR SUPPORT FUNDING LEVELS.

KEEP THE PARTICIPANT MASTERFILE ACCURATE AND CURRENT BY:

1. SUBMITTING CORRECT PARTICIPANT INPUT FREQUENTLY, AND

2. USING THE WEEKLY AND MONTHLY PARTICIPANT MANAGEMENT REPORTS TO VERIFY ACCEPTANCE AND ACCURACY OF INPUT.

PARTICIPANT INPUT FORMS

USE PARTICIPANT INPUT FORMS TO ADD INFORMATION ABOUT NEW PARTICIPANTS TO THE PARTICIPANT MASTERFILE AND TO CHANGE INFORMATION ALREADY IN THE MASTERFILE, SO THAT IT IS ALWAYS KEPT CURRENT.

The Participant Input Form is your link with the Participant Masterfile, which contains information about your active and terminated participants. The vouchers and reports produced from this masterfile reflect exactly the information you submit on input forms. Therefore, submit new information carefully and regularly.

Incorrect input forms may result in incorrect vouchers (or no vouchers) and inaccurate reports.

INSTRUCTIONS FOR PARTICIPANT INPUT FORMS

1. Print neatly with ball point pen in an ink color other than black: blue is best, red is next best. This makes the input form easier to read for the people who keypunch the information, and reduces keypunch errors.

2. Fill in the information on the input form starting at the left-most position.

3. Some of the information that goes on the input form is "numeric" (numbers only). If numeric information has fewer digits than the number of boxes on the input form, fill the empty boxes on the left with zeroes. This is called "right justifying". Dates, pick-up day, and food package must be right-justified.

   Exceptions: the Participant Identification Number and the Household Code should not be "right justified" in the same way. When submitting input on a new WIC participant, leave the eighth digit (on the far right) blank. The computer automatically assigns an eighth digit (a "check digit") to these numbers for control purposes.

4. Some of the information that goes on the input form requires letters as well as numbers ("alpha/numeric" information). For alpha/numeric information you may use as many spaces on the input form as necessary (starting in the left-most box). Leave the unused positions blank. This is called "left justifying".

5. Participant input forms have some areas outlined heavily in black, called "critical fields". When you are entering information on a new participant, fill in all of the critical fields on the input form or the computer will not accept the record. There is one exception:

   — Do not use DESIGN. VENDOR

6. Always complete the top line (the "header"). The computer will not accept records with incomplete headers.

7. Write above the small vertical lines in each box, using only the number of spaces allowed.

8. Maintain a 2-month supply of participant input forms.

TYPES OF COMPUTER TRANSACTIONS

Use the Participant Input Form for two types of computer transactions:

1. Transaction Type 1 (Trans. Type 1) ADDS new participant records to the computer masterfile.

2. Transaction Type 2 (Trans. Type 2) CHANGES information in records currently on the computer masterfile.

ADDING A NEW PARTICIPANT ONTO THE PARTICIPANT MASTERFILE (TRANSACTION TYPE 1)

TO ADD A NEW PARTICIPANT TO THE COMPUTER MASTERFILE, SUBMIT A WHITE PARTICIPANT INPUT FORM AS SOON AS POSSIBLE AFTER THE CERTIFICATION.

COMPLETE ALL CRITICAL FIELDS OR THE RECORD WILL NOT BE ACCEPTED.

For a Transaction Type 1 ("Trans. Type 1") make sure that:

1. The participant's identification number does not duplicate another number on your participant masterfile.

   The computer will not accept more than one Trans. Type 1 on the same identification number. However, you may use a previous participant's identification number if it is no longer listed on the current computer participant report.

2. You submit enough information for the computer to accept the record.

   The computer will not accept a Trans. Type 1 if you do not fill in all of the "critical fields" on the input form, marked with an * below.

COMPLETING AN INPUT FORM FOR A NEW PARTICIPANT

HEADER. EACH ENTRY IN THE HEADER IS A CRITICAL FIELD (*). ALWAYS COMPLETE THE HEADER INFORMATION.

* Program code. Enter the three digit number for your local WIC Program. See the PROGRAM AND SITE CODES section in this Voucher System Manual for program codes.

* Location code. Enter the two-digit number for your site within the local program. See the PROGRAM AND SITE CODES section in this Voucher System Manual for site codes.

* Participant identification number. Enter this number on the input form, using your program's procedure to assign new identification numbers. Do not add the eighth digit; the computer will assign this number. See the section on ASSIGNING PARTICIPANT ID NUMBERS in the Procedure Manual for more information.

* Trans. type. Enter 1.

* Batch date. Enter the month, day and year. USE SIX NUMBERS FOR EVERY DATE. For example, enter March 24, 1987 as 03/24/87.

LINE 1

* Participant's last name. Enter participant's last name. If it is too long for the field, abbreviate.

* Participant's first name. Enter participant's first name.

  Initial. For middle initial of participant's name. Optional field.

* Sex. Enter M for male or F for female.

* Race. Enter the single letter code which designates the participant's racial background. Allowable codes are listed on the input form.

  Household code. You may use this field to identify WIC participants who are members of the same family so that the computer can group their vouchers together and print their names together on the Voucher Register. Optional field.

  The household code must be the ID number of an active participant. Therefore, use the ID number of the family member you expect to be a participant for the longest period of time. If you do not use the household code, vouchers will be sorted alphabetically by last name.

* Certification date. Enter the date the participant was first certified, using six digits. Example: June 9, 1987 is 06/09/87.

* Pregnant woman's expected delivery date. Enter the month, day and year (using six digits) of the date the pregnant woman expects to deliver her baby. Critical field for pregnant women. Leave blank for other types of participants.

** CHECK CRITICAL FIELDS FOR LINE 1 **

LINE 2

* 2nd line of address. Enter the participant's street address. If it is too long, abbreviate.

  3rd line of address. Use this field to enter any additional information about a participant's address (such as a RFD # or neighborhood) or to record the name of a proxy. Optional field.

** CHECK CRITICAL FIELD FOR LINE 2 **

LINE 3

* City or town. Enter the name of the participant's city or town, using only the 351 cities and towns recognized by the Department of Public Health. See the DPH TOWNS section of this Voucher System Manual for more information.

  State. MA. Preprinted on form.

* Zip code. Enter the five-digit zip code for the participant's address.

* DPH town code. Not currently used.

  Boston census tract. Not currently used.

  Telephone number. Enter the participant's area code, exchange and number. Optional field.

** CHECK CRITICAL FIELDS FOR LINE 3 **

LINE 4

  Parent, guardian, authorized representative, last name and first name. Enter the first and last name of any person designated to receive vouchers for the participant. Optional field.

  Designated vendor code. This field is obsolete. Leave blank.

  Source of health care: Enter the code which identifies where the participant regularly receives health care. Optional field. See the OTHER PARTICIPANT INPUT FORM CODES section of this Voucher System Manual for codes.

  Number of participants in family. Enter the number of WIC participants in the family. Optional field.

* Pick-up day. Enter the two-digit number for the day of the month on which the participant will come in to pick up vouchers. For example, if her/his pickup day is the seventh of each month, write 07 in the field. VALID PICK-UP DATES ARE THE 1ST THROUGH THE 27TH OF THE MONTH ONLY.

** CHECK CRITICAL FIELD FOR LINE 4 **

Recertified date. Using six digits, enter the month, day and year of the participant's most recent certification. See the section on CHANGING INFORMATION ON A PARTICIPANT RECORD ALREADY IN THE PARTICIPANT MASTERFILE in this Voucher System Manual.

Termination code. Enter the code for the reason for termination. See the following sections in this Voucher System Manual: CHANGING INFORMATION ON A PARTICIPANT RECORD ALREADY IN THE PARTICIPANT MASTERFILE and PARTICIPANT INPUT FORM CODES.

Termination date. Using six digits, enter the month, day and year of the date on which the participant was terminated from the program. See the CHANGING INFORMATION ON A PARTICIPANT RECORD ALREADY IN THE PARTICIPANT MASTERFILE section of this Voucher System Manual.

Home delivery program use codes. This field is obsolete. Leave blank.

** CHECK CRITICAL FIELD FOR LINE 4 **

LINE 5

* Participant type. Enter the code for the participant type: W = woman, I = infant, C = child.

* Woman's status. Enter the number for the woman's status according to the codes on the input form. Critical field for women. Leave blank for infants and children.

Nutritional obstetric risk. Not customarily used.

* Birth or delivery date. Using six digits, enter the birth date for infants and children (month, day and year) or the delivery date (month, day and year) for postpartum women. Critical field for infants, children and postpartum women. Leave blank for pregnant women.

Food package. Enter the two-digit code for the food package assigned to the participant by the CPA.

Initial food intake. Not customarily used.

Ending food intake. Not customarily used.

Nutritional care. Not customarily used.

Nutritional visits. Not customarily used.

* Priority. Enter the three-position code for the participant's priority as determined by the CPA.

Hgb level. Not customarily used.

Hct level. Not customarily used.

Number of prenatal visits. Not customarily used.

** CHECK CRITICAL FIELDS FOR LINE 5 **

TYPE 1 PARTICIPANT INPUT FORM

(pregnant woman)

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC — Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
081	02	26341111	1	050987
(1–3)	(4–5)	(6–13)	(14)	(15–20)

1 add
2 change

PLEASE PRINT IN INK

A White, not of Hispanic Origin
B Black, not of Hispanic Origin
C Hispanic
D American Indian or Alaskan Native
E Asian or Pacific Islander

Check for Change	LINE	PARTICIPANT'S LAST NAME	FIRST NAME	INIT	SEX (M F)	RACE	HOUSEHOLD CODE	CERTIFICATION DATE (MM DD/YY)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM/DD/YY)
	1	SMITH	ELAINE		F	B		050687	092297
	(21)	(22–36)	(37–50)	(51)	(52)	(53)	(54–61)	(62–67)	(68–73)

Check for Change	LINE	2ND LINE OF ADDRESS	3RD LINE OF ADDRESS (OR PROXY)
	2	55 CHESTNUT STREET	
	(21)	(22–46)	(47–71)

Check for Change	LINE	CITY OR TOWN	STATE	ZIP CODE	OPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH	NUMBER
	3	ARLINGTON	MA	02174			617	444	3210
	(21)	(22–46)	(47 48)	(49–53)	(54–56)	(57–60)	(61 63)	(64–66)	(67–70)

Check for Change	LINE	PARENT GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG VENDOR	SOURCE OF HEALTH CARE	NO OF PARTIC IN FAMILY	PICK UP DAY	RECERTIFIED DATE (MM DD YY)	TERMINATION CODE	TERMINATION DATE (MM DD YY)	HOME DELIVERY PROGRAM USE CODES
	4						06				
	(21)	(22–36)	(37–51)	(52 54)	(55)	(56)	(58 59)	(60–65)	(66)	(67–72)	(73–78)

Check for Change	LINE	PART TYPE	WOMAN'S STATUS (1 Pregnant, 2 Post Partum, Not Nursing, 3 Post Partum, Nursing)	NUTR. OBST RISK	BIRTH OR DEL. DATE (MM/DD/YY)	FOOD PKG.	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	NUTRITIONAL VISITS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PRENATAL VISITS
	5	W	1			07					1XX			
	(21)	(22)	(23)	(24–26)	(27–32)	(33 34)	(35–37)	(38–40)	(41)	(42 43)	(44–46)	(47 48)	(49 50)	(51 52)

EP-20B

TYPE 1 PARTICIPANT INPUT FORM

(breastfeeding woman)

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS TYPE	BATCH DATE (MM DD/YY)
0 8 1	0 1	1 2 3 6 3 2 1	1	0 5 1 0 8 7

1 add
2 change

PLEASE PRINT IN INK

A White, not of Hispanic Origin
B Black, not of Hispanic Origin
C Hispanic
D American Indian or Alaskan Native
E Asian or Pacific Islander

Check for Change

LINE	PARTICIPANT'S LAST NAME	FIRST NAME	INIT	SEX (M F)	RACE	HOUSEHOLD CODE	CERTIFICATION DATE (MM DD YY)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)
1	GARCIA	LISA		F	C		05 05 87	

Check for Change

LINE	2ND LINE OF ADDRESS	3RD LINE OF ADDRESS (OR PROXY)
2	83 HILL AVE	

Check for Change

LINE	CITY OR TOWN	STATE	ZIP CODE	OPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH	NUMBER
3	WALTHAM	MA	02154					

Check for Change

LINE	PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG VENDOR	SOURCE OF HEALTH CARE	NO OF PARTIC IN FAMILY	PICK UP DAY	RECERTIFIED DATE (MM DD/YY)	TERMINATION CODE	TERMINATION DATE (MM DD YY)	HOME DELIVERY PROGRAM USE CODES
4						05				

Check for Change

1 Pregnant 2 Post Partum, Not Nursing
3 Post Partum, Nursing

LINE	PART TYPE	WOMAN'S STATUS	NUTR. OBST RISK	BIRTH OR DEL DATE (MM/DD/YY)	FOOD PKG	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	NUTRITIONAL VISITS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PRENATAL VISITS
5	W	3		03 26 87						I X X			

EP520A

TYPE 1 PARTICIPANT INPUT FORM
(child)

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

WIC Special Supplemental Food Program For Women, Infants and Children

PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS TYPE	BATCH DATE (MM DD YY)
081	01	01003521	1	040787

1 add
2 change

PLEASE PRINT IN INK

A White, not of Hispanic Origin
B Black, not of Hispanic Origin
C Hispanic
D American Indian or Alaskan Native
E Asian or Pacific Islander

Check for Change

LINE	PARTICIPANT'S LAST NAME	FIRST NAME	INIT	SEX (M,F)	RACE	HOUSEHOLD CODE	CERTIFICATION DATE (MM DD YY)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)
1	MCDONALD	JAMES		M	A		040787	

Check for Change

LINE	2ND LINE OF ADDRESS	3RD LINE OF ADDRESS (OR PROXY)
2	232 ADDREWS STREET	

Check for Change

LINE	CITY OR TOWN	STATE	ZIP CODE	OPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH	NUMBER
3	WORCESTER	MA	01603			617	267	1001

Check for Change

LINE	PARENT GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG VENDOR	SOURCE OF HEALTH CARE	NO OF PARTIC IN FAMILY	PICK UP DAY	RECERTIFIED DATE (MM/DD/YY)	TERMINATION CODE	TERMINATION DATE (MM DD YY)	HOME DELIVERY PROGRAM USE CODES
4	MCDONALD	JADE				07				

Check for Change

1 Pregnant 2 Post Partum Not Nursing
3 Post Partum Nursing

LINE	PART TYPE	WOMAN'S STATUS	NUTR OBST RISK	BIRTH OR DEL DATE (MM/DD/YY)	FOOD PKG	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	NUTRITIONAL VISITS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PRENATAL VISITS
5	C			110799	05					3AX			

CHANGING INFORMATION ON A PARTICIPANT RECORD ALREADY IN THE PARTICIPANT MASTERFILE (TRANSACTION TYPE 2)

TO CHANGE ANY INFORMATION ON A PARTICIPANT'S RECORD ON THE COMPUTER MASTERFILE, SUBMIT A WHITE PARTICIPANT INPUT FORM AS SOON AS POSSIBLE AFTER YOU HAVE THE NEW INFORMATION.

ALWAYS COMPLETE THE HEADER INFORMATION.

For a Transaction Type 2 ("Trans. Type 2"):

1. Make sure that the program code, location code, and participant identification number duplicate exactly the existing record of the active participant whose record needs changing.

   The computer will not accept any changes or updates on a participant file with a Trans. Type 2 unless you fill out the top line of the input form (the "header") correctly.

2. Fill in the correct participant data in the appropriate boxes on the input form.

   You may change as much or as little information on as many lines as you need to on a single input form. You do not need to fill in the "critical fields" (except for the header information) on a Trans. Type 2.

3. On the far left of the input form, indicate which line(s) contain new information.

   Mark the box which says "Check for Change" on each line that contains new information. IF YOU DON'T MARK THIS BOX, THE INFORMATION WILL NOT BE CHANGED AND THE INPUT FORM WILL BE RETURNED TO YOU.

4. Whenever you complete a repeat certification for a participant, enter the recertification date and current priority code as soon as possible after the certification is complete. The priority code will not be changed unless a recertification date is entered.

5. When you terminate a participant record, include both a termination code and a termination date.

6. To change a woman's status from pregnant to postpartum or nursing, enter the new status code, the delivery date and the new priority. If you do not enter all of this information, the input will be rejected and the computer will still retain the woman's status as pregnant.

   Because of the way the computer is programmed, in order to change the woman's priority, you must make an entry in the recertification box. It is recommended that you enter the woman's delivery date in this box.

   For W_3, use the delivery date for the recert date to keep the woman's recert date the same as her infant's.

7. To delete information on a participant, enter "dummy" information that is easily recognized. For example, if a participant's phone has been disconnected, delete the phone number by changing it to the "dummy" number 617-999-9999 or 413-999-9999. If you want to delete the third line of someone's address, enter the "dummy" address of XXXXX.

NOTE: To make it easier to identify and correct Type 2 inputs which get rejected by the computer, write the participant's name in the blank space below the Participant Identification Number. See the error flag "No Match Trans Type Change" in the WIC RECIPIENT UPDATE REJECTS LISTING section of this Voucher System Manual.

TYPE 2 PARTICIPANT INPUT FORM
(recertification date and priority)

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM USE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS TYPE	BATCH DATE (MM DD YY)
082	02	2371640	2	050687

A. KARA

1 add
2 change

PLEASE PRINT IN INK

LINE	PARTICIPANT'S LAST NAME	FIRST NAME	INIT	SEX (M F)	RACE	HOUSEHOLD CODE	CERTIFICATION DATE (MM DD YY)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)
1								

LINE	2ND LINE OF ADDRESS	3RD LINE OF ADDRESS (OR PROXY)
2		

LINE	CITY OR TOWN	STATE	ZIP CODE	DPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH	NUMBER
3		MA						

LINE	PARENT GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG VENDOR	SOURCE OF HEALTH CARE	NO OF PARTIC IN FAMILY	PICK UP DAY	RECERTIFIED DATE (MM DD YY)	TERMINATION CODE	TERMINATION DATE (MM DD YY)	HOME DELIVERY PROGRAM USE CODES
4 ✓							050687			

LINE	PART TYPE	WOMAN'S STATUS	NUTR OBST RISK	BIRTH OR DEL DATE (MM DD YY)	FOOD PKG	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	NUTRITIONAL VISITS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PRENATAL VISITS
5 ✓										3AP			

TYPE 2 PARTICIPANT INPUT FORM

(woman's status and phone number)

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS TYPE	BATCH DATE (MM DD YY)
0 8 6	0 3	1 2 3 6 1 4 2	2	0 5 0 9 8 7

P. BROWN

1 add
2 change

PLEASE PRINT IN INK

Check for change	LINE	PARTICIPANT'S LAST NAME	FIRST NAME	INIT	SEX (M F)	RACE	HOUSEHOLD CODE	CERTIFICATION DATE (MM DD YY)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)
	1								

Check for change	LINE	2ND LINE OF ADDRESS	3RD LINE OF ADDRESS (OR PROXY)
	2		

Check for change	LINE	CITY OR TOWN	STATE	ZIP CODE	OPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH	NUMBER
✓	3		MA				617	232	1291

Check for change	LINE	PARENT GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG VENDOR	SOURCE OF HEALTH CARE	NO OF PARTIC IN FAMILY	PICK UP DAY	RECERTIFIED DATE (MM DD YY)	TERMINATION CODE	TERMINATION DATE (MM DD YY)	HOME DELIVERY PROGRAM USE CODES
✓	4							0 4 0 1 8 7			

Check for change	LINE	PART TYPE	WOMAN'S STATUS	NUTR OBST RISK	BIRTH OR DEL DATE (MM DD YY)	FOOD PKG	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	NUTRITIONAL VISITS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PRENATAL VISITS
✓	5	W	3		0 4 0 1 8 7	0 8					1 X X			

TYPE 2 PARTICIPANT INPUT FORM

(termination)

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

PROGRAM CODE	LOCATION CODE	PARTICIPANT IDENTIFICATION NUMBER	TRANS TYPE	BATCH DATE (MM DD YY)
0 8 7	0 2	3 6 1 1 2 4 8	2	0 5 0 6 8 7

B. GREEN

1 add
2 change

PLEASE PRINT IN INK

Check for Change	LINE	PARTICIPANT'S LAST NAME	FIRST NAME	NIT	SEX M F	RACE	HOUSEHOLD CODE	CERTIFICATION DATE (MM DD YY)	PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)
	1								

Check for Change	LINE	2ND LINE OF ADDRESS	3RD LINE OF ADDRESS (OR PROXY)
	2		

Check for Change	LINE	CITY OR TOWN	STATE	ZIP CODE	DPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH	NUMBER
	3		MA						

Check for Change	LINE	PARENT GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG VENDOR	SOURCE OF HEALTH CARE	NO OF PARTIC IN FAMILY	PICK UP DAY	RECERTIFIED DATE (MM DD YY)	TERMINATION CODE	TERMINATION DATE (MM DD YY)	HOME DELIVERY PROGRAM USE CODES
✓	4								7	0 5 0 6 8 7	

Check for Change	LINE	PART TYPE	WOMAN'S STATUS	NUTR OBST RISK	BIRTH OR DEL DATE (MM DD YY)	FOOD PKG	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	VISITS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PRENATAL VISITS
	5													

SUBMITTING PARTICIPANT INPUT

TO KEEP YOUR PARTICIPANT MASTERFILE UP TO DATE, SUBMIT YOUR BATCHED PARTICIPANT INPUT TO THE STATE WIC OFFICE ON A REGULAR BASIS.

BATCHING PARTICIPANT INPUT FORMS

TO SUBMIT INFORMATION TO THE PARTICIPANT MASTERFILE, GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE INPUT FORMS.

CHECK YOUR INPUT FORMS, ESPECIALLY HEADERS, FOR ACCURACY AND COMPLETENESS IN CRITICAL FIELDS.

SEPARATE ALL OF YOUR PARTICIPANT INPUT FORMS INTO APPROPRIATE BATCHES, AND PREPARE AN INPUT LOG FORM FOR EACH MAILING OF INPUT.

Group the original (white) copies of the participant input forms by:

1. Transaction type (Trans. Type 1 or Type 2)
2. Site (location code)

For example, if you have Type 1 and Type 2 input for each of 2 sites, you will have 4 batches of input.

To prepare input for mailing:

- Staple up to 50 input forms together, all of the same type, from the same site
- Staple once only, in upper left corner
- In the upper right corner of the top input form, write and circle the total number of input forms in the batch (see example in this section)
- Send as many batches of input together as you wish
- For each envelope of input, enclose one input log listing the totals for each type of input in the envelope (see example in this section)

EXAMPLE OF THE TOP INPUT FORM IN A STAPLED GROUP OF INPUTS

THE COMMONWEALTH OF MASSACHUSETTS — DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

CAC	CI	PARTICIPANT ENTERPRISE NUMBER	TRANS TYPE	BATCH DATE MM DD YY
CAC	CI	1C02660	1	03 06 86

26

PLEASE PRINT IN INK

	LAST NAME	FIRST NAME	MI	SEX M F	HOUSEHOLD CODE	CERTIFICATION DATE MM DD YY	PREGNANT WOMAN'S EXPECTED DELIVERY DATE MM DD YY
1	EARLEY	DARCY		F A	1002660	03 06 86	

	STREET ADDRESS	2ND LINE OF ADDRESS (OR PROXY)
2	185 MASS AVE	

	CITY	STATE	ZIP CODE	DPH TOWN CODE	BOSTON CENSUS TRACT	TELEPHONE NUMBER AREA	EXCH	NUMBER
3	CAMBRIDGE	MA	02140	049		617	492	5339

	PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME	FIRST NAME	DESIG VENDOR	SOURCE OF HEALTH CARE	NO OF PARTIC IN FAMILY	PICK UP DAY	RECERTIFIED DATE MM DD YY	TERMINATION CODE	TERMINATION DATE MM DD YY	HOME DELIVERY PROGRAM USE CODES
4	EARLEY	DARCY				01				

	PART TYPE	WOMAN'S STATUS	NUTR ORIF RISK	BIRTH OR DEL DATE MM DD YY	FOOD PKG	INITIAL FOOD INTAKE	ENDING FOOD INTAKE	NUTRITIONAL CARE	NUTRITIONAL VISITS	PRIORITY	HGB LEVEL	HCT LEVEL	NUMBER OF PRENATAL VISITS
5	C			07 14 83	01					3AX			

SAMPLE COMPLETED INPUT LOG FORM

Massachusetts WIC Program

INPUT LOG

(Input Sent to State Office)

Program Name DORCHESTER/ROXBURY

Date Mailed 4/30/87

Amount sent:

10	Participant type 1's
—	Participant type 2's
20	Manual voucher inputs
—	Vendor inputs

MAILING GUIDELINES FOR PARTICIPANT INPUT

SEND YOUR BATCHED INPUT FORMS TO THE STATE OFFICE REGULARLY AND FREQUENTLY, AT LEAST TWICE A WEEK, USING PREPRINTED BUSINESS REPLY MAIL ENVELOPES.

IF YOU DON'T KNOW HOW LONG IT USUALLY TAKES THE POST OFFICE TO DELIVER YOUR INPUT TO THE STATE OFFICE, FIND OUT BY ASKING STATE STAFF TO CHECK THE STATE LOGBOOK.

TAKE MAILING TIME INTO ACCOUNT, AND ESTIMATE MAILING TIME GENEROUSLY.

STATE WIC STAFF WILL INFORM YOU ABOUT INPUT RECEIVED, ON REQUEST.

It can take from several days to a week and a half for your input to be processed by the WIC computer system. There are two deadlines you need to be aware of in order to get up-to-date reports and vouchers.

WEEKLY

Reports reflecting participant input are produced twice a week and are normally mailed to local programs on Tuesdays and Fridays.

* IF YOUR INPUT REACHES THE STATE OFFICE ON WEDNESDAY AFTERNOON, THURSDAY, OR FRIDAY MORNING, IT WILL APPEAR ON THE REPORTS MAILED THE NEXT TUESDAY.

* IF YOUR INPUT REACHES THE STATE OFFICE ON FRIDAY AFTERNOON, MONDAY, TUESDAY, OR WEDNESDAY MORNING, IT WILL APPEAR ON THE REPORTS MAILED THE NEXT FRIDAY.

MONTHLY

Vouchers and management reports are produced monthly and are delivered to local programs on a scheduled day around the 24th of the month.

* IF YOUR INPUT IS ACCURATE AND COMPLETE AND REACHES THE STATE OFFICE BY NOON OF INPUT CUTOFF DAY (around the 18th of the month), IT WILL APPEAR ON THE MONTHLY REPORTS AND VOUCHERS DELIVERED AROUND THE 24TH OF THE MONTH.

DATA FOR PARTICIPANT INPUT FORMS

USE THE FOLLOWING LISTINGS WHEN PREPARING PARTICIPANT INPUT FORMS:

- LOCAL PROGRAM AND SITE CODES
- DPH TOWNS BY CATCHMENT AREA
- ALPHA LISTING OF DPH TOWNS
- MASSACHUSETTS LOCALITIES
- OTHER PARTICIPANT INPUT FORM CODES

LOCAL PROGRAM AND SITE CODES

EACH PARTICIPANT INPUT FORM MUST CONTAIN THE CORRECT CODES DESIGNATING THE LOCAL PROGRAM AND SITE FROM WHICH THE VOUCHERS WERE ISSUED.

All current Massachusetts WIC programs, with their program and site codes, are listed below.

PROGRAM NAME	PROGRAM CODE	SITE CODES
UPHAM'S CORNER WIC	002	site 01 Upham's Corner Health Center site 02 Little House Health Center site 03 Bowdoin Street Health Center site 05 Columbia Point Health Center site 07 Codman Square Health Center site 09 Dorchester House
DORCHESTER/ROXBURY WIC	004	site 01 Harvard Street Health Center site 02 Roxbury Comprehensive Community Health Center
SOUTH END WIC	005	site 01 South End Community Health Center site 02 South Cove Health Center site 03 Dimock Street Health Center
CHARLESTOWN/CHELSEA WIC	007	site 01 MGH: Bunker Hill Health Center site 02 MGH: Chelsea Memorial Health Center site 03 MGH: Revere
EAST BOSTON WIC	008	site 01 East Boston Neighborhood Health Center
JAMAICA PLAIN WIC	009	site 01 Brookside Park Family Life Center site 02 Southern Jamaica Plain Health Center site 03 Martha Eliot Health Center

PROGRAM NAME	PROGRAM CODE	SITE CODES
ROXBURY WIC	010	site 01 Whittier Street Health Center site 02 Parker Hill/Fenway site 03 Roxbury/North Dorchester APAC site 05 Boston City Hospital site 06 Haitian League
ALLSTON/BRIGHTON WIC	012	site 03 St. Elizabeth's Hospital site 04 Watertown Health Center site 06 Newton
QUINCY WIC	013	site 01 Quincy City Hospital site 04 Hull Medical Center site 05 Dedham site 06 Weymouth Youth Office site 07 Norwood
SOUTH BOSTON WIC	016	site 01 McCormack Health Center site 02 South Boston Health Center site 03 Multi-Service Center
SOUTH DORCHESTER/ ROSLINDALE WIC	017	site 01 Neponset Health Center site 02 Mattapan Health Center site 03 Roslindale Health Center
SPRINGFIELD WIC	019	site 01 Springfield site 02 Brightwood site 03 McKnight site 04 State Street site 05 South End
FRAMINGHAM WIC	041	site 01 Framingham Union Hospital site 02 Framingham: Main Office site 03 Marlboro Hospital site 04 Leonard Morse Hospital site 05 Maynard Board of Health
ATHOL WIC	043	site 01 Human Resource Center site 02 Gardner site 03 Winchendon site 04 Barre

PROGRAM NAME	PROGRAM CODE	SITE CODES
HAMPSHIRE COUNTY WIC	044	site 01 Northampton site 02 Huntington site 03 Amherst site 04 Easthampton site 05 Worthington site 06 South Hadley
PLYMOUTH WIC	045	site 01 Plymouth site 02 Wareham site 03 Middleboro site 04 Marshfield
HOLYOKE/CHICOPEE WIC	050	site 01 Chicopee site 03 Holyoke site 04 South Holyoke site 05 Ludlow site 06 Westfield
SOUTH BERKSHIRE WIC	052	site 01 Great Barrington
LOWELL WIC	053	site 01 Lowell WIC: CTI site 02 Billerica
LAWRENCE WIC	054	site 01 GLCAC, Inc.
NORTH SHORE WIC	055	site 01 Lynn Health Center site 02 Point Neighborhood Community Services Center site 03 Peabody site 04 Beverly site 05 Gloucester site 06 Ipswich site 07 Danvers
SOMERVILLE/MEDFORD WIC	056	site 01 Mystic Health Center site 03 Wilmington Regional Health Center site 04 Somerville Hospital site 05 Union Square site 07 Lawrence Memorial Hospital site 09 Choate Hospital

PROGRAM NAME	PROGRAM CODE	SITE CODES
CAMBRIDGE WIC	057	site 03 Windsor Street Clinic site 07 Fitzgerald Clinic site 08 Waltham Hospital site 09 East Cambridge
FALL RIVER WIC	058	site 01 Fall River
BERKSHIRE WIC	059	site 01 North Adams-85 Main Street site 02 Adams Action Center site 04 Williamstown site 06 Dalton Community Center site 07 Pittsfield: North Street site 08 Lee Community Action
NEW BEDFORD WIC	060	site 01 New Bedford WIC-Site 01-95 Cedar Street site 03 New Bedford WIC-Site 03-95 Cedar Street site 04 North End Community Center
HAVERHILL WIC	061	site 01 Newburyport C.A.I. site 02 Amesbury C.A.I. site 03 Haverhill C.A.I. site 04 Salisbury
WORCESTER WIC	062	site 01 Great Brook Valley Health Center site 02 Family Health & S.S. Center site 03 School Age Mothers Program site 04 Grafton
FRANKLIN COUNTY WIC	063	site 01 Greenfield/VNHS site 03 West Co./Mohawk Valley Med. Ctr. site 08 Orange/Amory
NORTH CENTRAL WIC	064	site 01 Leominster site 02 Ayer site 04 Clinton site 05 Fitchburg

PROGRAM NAME	PROGRAM CODE	SITE CODES
BROCKTON WIC	065	site 01 Brockton site 03 Rockland
SOUTH CENTRAL WIC	066	site 01 Southbridge site 02 Ware site 11 Webster site 13 Milford
TAUNTON WIC	067	site 01 Taunton site 03 Rehoboth/Seekonk site 04 Attleboro
MALDEN/REVERE WIC	070	site 01 Malden Hospital site 02 Revere site 03 Wakefield
CAPE COD WIC	071	site 01 Hyannis site 02 Martha's Vineyard site 03 Falmouth site 04 Mashpee site 05 Provincetown site 06 Nantucket site 07 Otis
MASSACHUSETTS WIC PROGRAM	088	site 01 State office use

DPH TOWNS

USE ONLY THE CITY, TOWN AND NEIGHBORHOOD NAMES IN THE "DPH TOWNS BY CATCHMENT AREA" LISTING INCLUDED IN THIS SECTION.

USE THE LOCALITIES LISTING TO FIND THE DPH CITY OR TOWN TO WHICH LOCALITIES BELONG.

SPELL CITY, TOWN, AND NEIGHBORHOOD NAMES EXACTLY AS THEY APPEAR IN THE "DPH TOWNS BY CATCHMENT AREA" LISTING INCLUDED IN THIS SECTION.

INPUT WITH TOWN NAMES MISSPELLED WILL BE REJECTED BY THE COMPUTER.

DPH town codes provide the data by which the state WIC office determines where participants live so that caseload, funds and staff can be allocated equitably. The computer assigns DPH town codes based on the town name on the input form.

USING THE CORRECT TOWN NAME

The "DPH Towns by Catchment Area" listing in this section lists the cities, towns and Boston neighborhoods in each local program's catchment area. USE ONLY THESE CITY, TOWN AND NEIGHBORHOOD NAMES WHEN FILLING IN THE PARTICIPANT'S ADDRESS ON THE INPUT FORM. Example:

ALLSTON/BRIGHTON WIC - Brighton

Allston *
Brighton *
Brookline
Dover
Needham
Newton
Watertown
Wellesley
Weston

* Boston neighborhoods are marked with an asterisk

** FILL IN THE CITY OR TOWN NAME EXACTLY AS IT APPEARS ON THIS LIST.

** DO NOT USE LOCALITY NAMES. If you wish to have the locality name (e.g., Onset, Indian Orchard) appear on the participant record, write it in the "THIRD LINE OF ADDRESS" box. (See Example A in this section.)

** USE THE PARTICIPANT'S NEIGHBORHOOD NAME IF S/HE LIVES IN BOSTON. USE ONLY THE FOLLOWING NEIGHBORHOOD NAMES FOR BOSTON PARTICIPANTS:

ALLSTON
BOSTON (includes Back Bay, North End, South Cove, South End, and West End)
BRIGHTON
CHARLESTOWN
DORCHESTER (includes Savin Hill, Upham's Corner, etc.)
E BOSTON
HYDE PARK
JAMAICA PLAIN
MATTAPAN (includes Neponset)
ROSLINDALE
ROXBURY
S BOSTON
W ROXBURY

If you wish to have the specific neighborhood (e.g., Savin Hill, South Cove) appear on the participant record, write it in the "THIRD LINE OF ADDRESS" box on the input form. (See Example B in this section.)

** IF A PARTICIPANT'S CITY OR TOWN IS NOT LISTED UNDER YOUR ASSIGNED CATCHMENT AREA:

-- Look in the "Alpha Listing of DPH Towns" included in this section. If the city or town is listed there, write it on the input form exactly as it appears on the list. Example:

Gosnold
Grafton
Granby

-- If it is not in the "Alpha Listing of DPH Towns", look it up in the "Massachusetts Localities" booklet which has been provided to each local WIC program by the state office. This booklet lists every Massachusetts locality and the DPH city or town to which it belongs.

EXAMPLE: Mary S. lives in Cherry Valley. It is not in the "DPH Towns by Catchment Area" listing or the "Alpha Listing of DPH Towns". The Massachusetts Localities booklet lists Cherry Valley as a locality in Leicester. Write Leicester on the input form for city/town. (You may write "Cherry Valley" in the "THIRD LINE OF ADDRESS" box for your own reference.) See Example A in this section.

Make a reference list for all the cities, towns and localities you use, listing the correct spelling for each town and the correct town for each locality. Post this list wherever you prepare input forms. Example:

TOWN REFERENCE LIST

BARNSTABLE	NORTH TRURO ..... part of TRURO
BASS RIVER ..... part of YARMOUTH	OAK BLUFFS
BOURNE	OTIS AIR FORCE BASE .. part of BOURNE
DENNIS	TEATICKET ..... part of FALMOUTH
EAST DENNIS ..... part of DENNIS	W TISBURY

DPH TOWNS BY CATCHMENT AREA

WESTERN REGION/HSA I

BERKSHIRE WIC - Pittsfield

Adams
Becket
Cheshire
Clarksburg
Dalton
Florida
Hancock
Hinsdale
Lanesboro
Lee
Lenox
N Adams
New Ashford
Peru
Pittsfield
Richmond
Savoy
Washington
Williamstown
Windsor

SOUTH BERKSHIRE COUNTY - Great Barrington

Alford
Egremont
Great Barrington
Monterey
Mount Washington
New Marlboro
Otis
Sandisfield
Sheffield
Stockbridge
Tyringham
W Stockbridge

HOLYOKE/CHICOPEE WIC - Chicopee

Agawam
Blandford
Chester
Chicopee
Granville
Holyoke
Ludlow
Montgomery
Russell
Southwick
Tolland
Westfield
W Springfield

HAMPSHIRE COUNTY WIC - Northampton

Amherst
Chesterfield
Cummington
Easthampton
Goshen
Granby
Hadley
Hatfield
Huntington
Middlefield
Northampton
Pelham
Plainfield
S Hadley
Southampton
Westhampton
Williamsburg
Worthington

FRANKLIN COUNTY WIC - Greenfield

Ashfield
Bernardston
Buckland
Charlemont
Colrain
Conway
Deerfield
Erving
Gill
Greenfield
Hawley
Heath
Leverett
Leyden
Monroe
Montague
New Salem
Northfield
Orange
Rowe
Shelburne
Shutesbury
Sunderland
Warwick
Wendell
Whately

SPRINGFIELD WIC - Springfield

E Longmeadow
Hampden
Longmeadow
Springfield
Wilbraham

DPH TOWNS BY CATCHMENT AREA

CENTRAL REGION/ HSA II

NORTH CENTRAL WIC - Fitchburg

Acton
Ashby
Ayer
Berlin
Bolton
Boxboro
Clinton
Fitchburg
Groton
Harvard
Lancaster
Leominster
Littleton
Lunenberg
Pepperell
Shirley
Sterling
Stow
Townsend

SOUTH CENTRAL WIC - Southbridge

Belchertown
Bellingham
Blackstone
Brimfield
Brookfield
Charlton
Douglas
Dudley
E Brookfield
Franklin
Holland
Hopedale
Medfield
Medway
Mendon
Milford
Millis
Millville
Monson
Norfolk
N Brookfield
Northbridge
Oxford
Palmer
Southbridge
Spencer
Sturbridge
Sutton
Upton
Uxbridge
Wales
Ware
Warren
Webster
W Brookfield

WORCESTER WIC - Worcester

Auburn
Boylston
Grafton
Holden
Leicester
Millbury
Paxton
Shrewsbury
W Boylston
Worcester

ATHOL WIC - Athol

Ashburnham
Athol
Barre
Gardner
Hardwick
Hubbardston
New Braintree
Oakham
Petersham
Phillipston
Princeton
Royalston
Rutland
Templeton
Westminster
Winchendon

DPH TOWNS BY CATCHMENT AREA

NORTHEAST REGION/HSA III & VI

HAVERHILL WIC - Haverhill

Amesbury
Boxford
Georgetown
Groveland
Haverhill
Merrimac
Newbury
Newburyport
Rowley
Salisbury
W Newbury

LAWRENCE WIC - Lawrence

Andover
Lawrence
Methuen
N Andover

LOWELL WIC - Lowell

Bedford
Billerica
Carlisle
Chelmsford
Dracut
Dunstable
Lowell
Tewksbury
Tyngsboro
Westford

MALDEN/REVERE WIC - Malden

Everett
Malden
Medford
Melrose
Revere
Saugus
Wakefield
Winthrop

NORTH SHORE WIC - Lynn

Beverly
Danvers
Essex
Gloucester
Hamilton
Ipswich
Lynn
Lynnfield
Manchester
Marblehead
Middleton
Nahant
Peabody
Rockport
Salem
Swampscott
Topsfield
Wenham

DPH TOWNS BY CATCHMENT AREA

BOSTON AREA REGION/HSA IV

ALLSTON/BRIGHTON WIC - Brighton

Allston *
Brighton *
Brookline
Dover
Needham
Newton
Watertown
Wellesley
Weston

CHARLESTOWN/CHELSEA WIC - Charlestown

Charlestown *
Chelsea
North End * §
Revere

ROXBURY WIC - Roxbury

Roxbury *

JAMAICA PLAIN WIC - Jamaica Plain

Jamaica Plain *
Roslindale *
Roxbury *

UPHAM'S CORNER WIC - Dorchester

Dorchester *

EAST BOSTON WIC - East Boston

E Boston *

SOUTH BOSTON WIC - South Boston

Savin Hill * ¶
S Boston *

SOUTH DORCHESTER/ROSLINDALE WIC - Neponset

Hyde Park *
Mattapan *
Neponset * #
Roslindale *
W Roxbury *

SOUTH END WIC - South End

Allston *
Back Bay * §
Brighton *
South Cove * §
South End * §

DORCHESTER/ROXBURY WIC - Roxbury

Dorchester *
Mattapan *
Roxbury *

* Boston neighborhood

§ Write BOSTON in the "CITY OR TOWN" box
¶ Write DORCHESTER in the "CITY OR TOWN" box
# Write MATTAPAN in the "CITY OR TOWN" box

DPH TOWNS BY CATCHMENT AREA

BOSTON AREA REGION/HSA IV (cont.)

QUINCY WIC - Quincy

Braintree
Cohasset
Dedham
Hingham
Hull
Milton
Norwell
Norwood
Quincy
Randolph
Scituate
Walpole
Westwood
Weymouth

CAMBRIDGE WIC - Cambridge

Arlington
Belmont
Cambridge
Concord
Lexington
Lincoln
Waltham

FRAMINGHAM WIC - Framingham

Ashland
Framingham
Holliston
Hopkinton
Hudson
Marlboro
Maynard
Natick
Northboro
Sherborn
Southboro
Sudbury
Wayland
Westboro

SOMERVILLE/MEDFORD WIC - Somerville

Burlington
Medford
N Reading
Reading
Somerville
Stoneham
Wilmington
Winchester
Woburn

DPH TOWNS BY CATCHMENT AREA

SOUTHEAST REGION/HSA V

BROCKTON WIC - Brockton

Abington
Avon
Bridgewater
Brockton
Canton
E Bridgewater
Easton
Holbrook
Rockland
Sharon
Stoughton
W Bridgewater
Whitman

PLYMOUTH WIC - Plymouth

Carver
Duxbury
Halifax
Hanover
Hanson
Kingston
Marshfield
Middleboro
Pembroke
Plymouth
Plympton
Wareham

CAPE COD WIC - Hyannis

Barnstable
Bourne
Brewster
Chatham
Chilmark
Dennis
Eastham
Edgartown
Falmouth
Gay Head
Gosnold
Harwich
Mashpee
Nantucket
Oak Bluffs
Orleans
Provincetown
Sandwich
Tisbury
Truro
Wellfleet
W Tisbury
Yarmouth

FALL RIVER WIC - Fall River

Fall River
Freetown
Somerset
Swansea
Westport

NEW BEDFORD WIC - New Bedford

Acushnet
Dartmouth
Fairhaven
Marion
Mattapoisett
New Bedford
Rochester

TAUNTON WIC - Taunton

Attleboro
Berkley
Dighton
Foxboro
Lakeville
Mansfield
N Attleboro
Norton
Plainville
Raynham
Rehoboth
Seekonk
Taunton
Wrentham

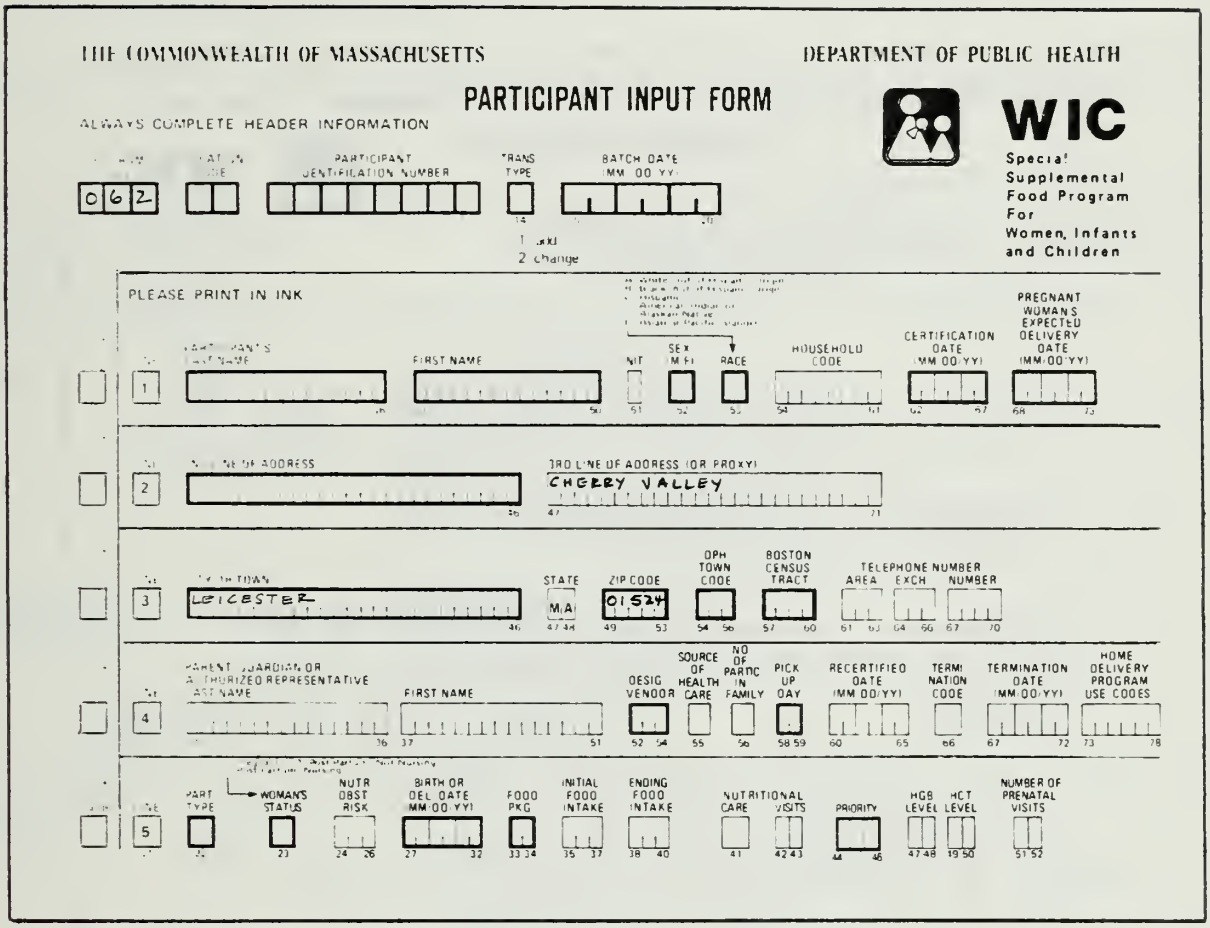
ALPHA LISTING OF DPH TOWNS

Abington
Acton
Acushnet
Adams
Agawam
Alford
Amesbury
Amherst
Andover
Arlington
Ashburnham
Ashby
Ashfield
Ashland
Athol
Attleboro
Auburn
Avon
Ayer
Barnstable
Barre
Becket
Bedford
Belchertown
Bellingham
Belmont
Berkley
Berlin
Bernardston
Beverly
Billerica
Blackstone
Blandford
Bolton

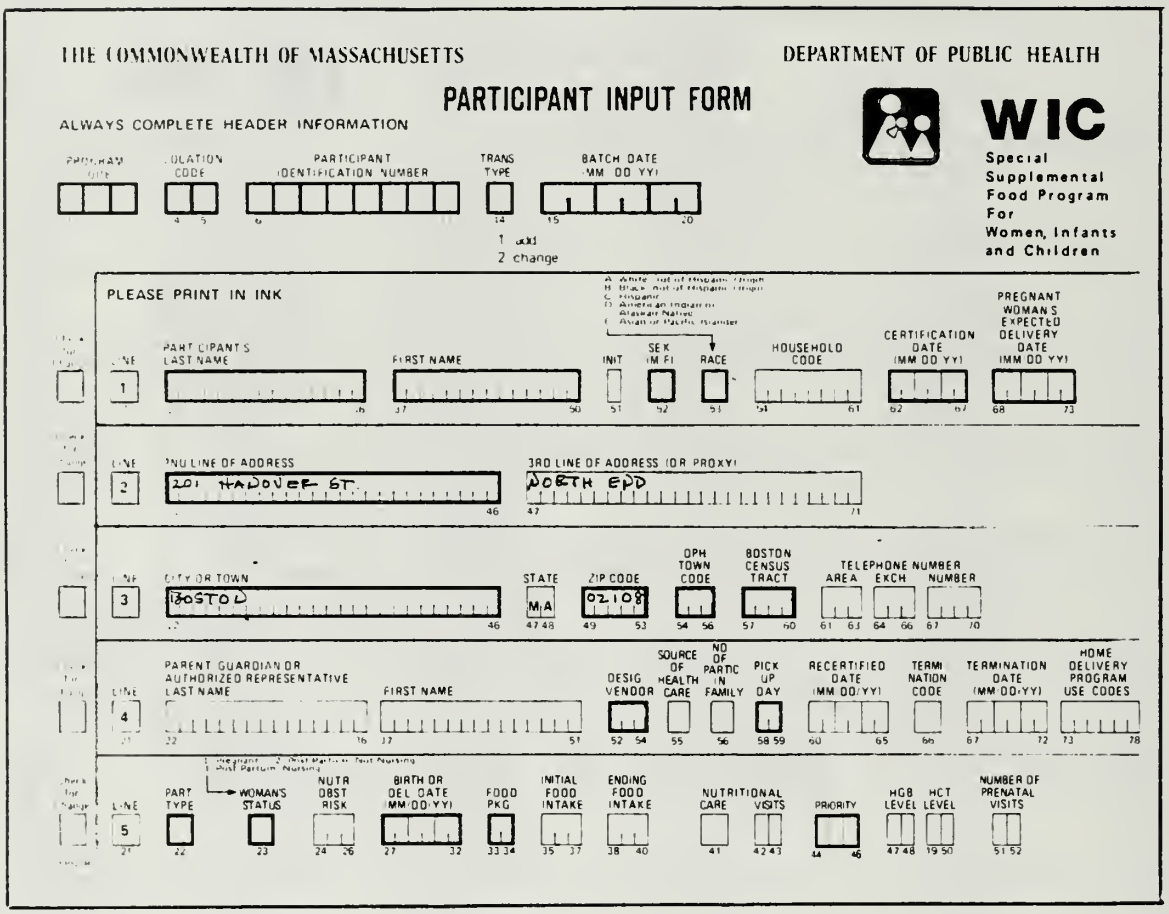
BOSTON
Allston
Boston
Brighton
Charlestown
Dorchester
E Boston
Hyde Park
Jamaica Plain
Mattapan
Roslindale
Roxbury
S Boston
W Roxbury

Bourne
Boxboro
Boxford
Boylston
Braintree
Brewster
Bridgewater
Brimfield
Brockton
Brookfield
Brookline
Buckland
Burlington
Cambridge
Canton
Carlisle
Carver
Charlemont
Charlton
Chatham
Chelmsford
Chelsea
Cheshire
Chester
Chesterfield
Chicopee
Chilmark
Clarksburg
Clinton
Cohasset
Colrain
Concord
Conway
Cummington
Dalton
Danvers
Dartmouth
Dedham
Deerfield
Dennis
Dighton
Douglas
Dover
Dracut
Dudley
Dunstable
Duxbury
E Bridgewater
E Brookfield
E Longmeadow
Eastham
Easthampton
Easton
Edgartown
Egremont
Erving
Essex
Everett
Fairhaven
Fall River
Falmouth
Fitchburg
Florida
Foxboro
Framingham
Franklin
Freetown
Gardner
Gay Head
Georgetown
Gill
Gloucester
Goshen
Gosnold
Grafton
Granby
Granville
Great Barrington
Greenfield
Groton
Groveland
Hadley
Halifax
Hamilton
Hampden
Hancock
Hanover
Hanson
Hardwick
Harvard
Harwich
Hatfield
Haverhill
Hawley
Heath
Hingham
Hinsdale
Holbrook
Holden
Holland
Holliston
Holyoke
Hopedale
Hopkinton
Hubbardston
Hudson
Hull
Huntington
Ipswich
Kingston
Lakeville
Lancaster
Lanesboro
Lawrence
Lee
Leicester
Lenox
Leominster
Leverett
Lexington
Leyden
Lincoln
Littleton
Longmeadow
Lowell
Ludlow
Lunenburg
Lynn
Lynnfield
Malden
Manchester
Mansfield
Marblehead
Marion
Marlboro
Marshfield
Mashpee
Mattapoisett
Maynard
Medfield
Medford
Medway
Melrose
Mendon
Merrimac
Methuen
Middleboro
Middlefield
Middleton
Milford
Millbury
Millis
Millville
Milton
Monroe
Monson
Montague
Monterey
Montgomery
Mount Washington
N Adams
N Andover
N Attleboro
N Brookfield
N Reading
Nahant
Nantucket
Natick
Needham
New Ashford
New Bedford
New Braintree
New Marlboro
New Salem
Newbury
Newburyport
Newton
Norfolk
Northampton
Northboro
Northbridge
Northfield
Norton
Norwell
Norwood
Oak Bluffs
Oakham
Orange
Orleans
Otis
Oxford
Palmer
Paxton
Peabody
Pelham
Pembroke
Pepperell
Peru
Petersham
Phillipston
Pittsfield
Plainfield
Plainville
Plymouth
Plympton
Princeton
Provincetown
Quincy
Randolph
Raynham
Reading
Rehoboth
Revere
Richmond
Rochester
Rockland
Rockport
Rowe
Rowley
Royalston
Russell
Rutland
S Hadley
Salem
Salisbury
Sandisfield
Sandwich
Saugus
Savoy
Scituate
Seekonk
Sharon
Sheffield
Shelburne
Sherborn
Shirley
Shrewsbury
Shutesbury
Somerset
Somerville
Southampton
Southboro
Southbridge
Southwick
Spencer
Springfield
Sterling
Stockbridge
Stoneham
Stoughton
Stow
Sturbridge
Sudbury
Sunderland
Sutton
Swampscott
Swansea
Taunton
Templeton
Tewksbury
Tisbury
Tolland
Topsfield
Townsend
Truro
Tyngsboro
Tyringham
Upton
Uxbridge
W Boylston
W Bridgewater
W Brookfield
W Newbury
W Springfield
W Stockbridge
W Tisbury
Wakefield
Wales
Walpole
Waltham
Ware
Wareham
Warren
Warwick
Washington
Watertown
Wayland
Webster
Wellesley
Wellfleet
Wendell
Wenham
Westboro
Westfield
Westford
Westhampton
Westminster
Weston
Westport
Westwood
Weymouth
Whately
Whitman
Wilbraham
Williamsburg
Williamstown
Wilmington
Winchedon
Winchester
Windsor
Winthrop
Woburn
Worcester
Worthington
Wrentham
Yarmouth

EXAMPLE A


THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
PARTICIPANT INPUT FORM
ALWAYS COMPLETE HEADER INFORMATION
WIC
Special Supplemental Food Program For Women, Infants and Children
PARTICIPANT IDENTIFICATION NUMBER
TRANS TYPE
BATCH DATE (MM DD YY)
1 Add
2 Change
PLEASE PRINT IN INK
FIRST NAME
SEX (M F)
RACE
HOUSEHOLD CODE
CERTIFICATION DATE (MM DD YY)
PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)
3RD LINE OF ADDRESS (OR PROXY)
CHERRY VALLEY
LEICESTER
STATE
MA
ZIP CODE
01524
DPH TOWN CODE
BOSTON CENSUS TRACT
TELEPHONE NUMBER
AREA
EXCH
NUMBER
FIRST NAME
DESIG VENDOR
SOURCE OF HEALTH CARE
NO OF PARTIC IN FAMILY
PICK UP DAY
RECERTIFIED DATE (MM DD YY)
TERMINATION CODE
TERMINATION DATE (MM DD YY)
HOME DELIVERY PROGRAM USE CODES
PART TYPE
WOMAN'S STATUS
NUTR OBST RISK
BIRTH OR DEL DATE (MM DD YY)
FOOD PKG
INITIAL FOOD INTAKE
ENDING FOOD INTAKE
NUTRITIONAL CARE
VISITS
PRIORITY
HGB LEVEL
HCT LEVEL
NUMBER OF PRENATAL VISITS

EXAMPLE B


THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
PARTICIPANT INPUT FORM
ALWAYS COMPLETE HEADER INFORMATION
PROGRAM CODE
LOCATION CODE
PARTICIPANT IDENTIFICATION NUMBER
TRANS TYPE
BATCH DATE (MM DD YY)
1 add
2 change
WIC
Special Supplemental Food Program For Women, Infants and Children
PLEASE PRINT IN INK
A White, not of Hispanic origin
B Black, not of Hispanic origin
C Hispanic
D American Indian or Alaskan Native
E Asian or Pacific Islander
LINE
PARTICIPANT'S LAST NAME
FIRST NAME
INIT
SEX (M F)
RACE
HOUSEHOLD CODE
CERTIFICATION DATE (MM DD YY)
PREGNANT WOMAN'S EXPECTED DELIVERY DATE (MM DD YY)
2
2ND LINE OF ADDRESS
201 HADOVER ST.
3RD LINE OF ADDRESS (OR PROXY)
NORTH EPD
3
CITY OR TOWN
BOSTON
STATE
MA
ZIP CODE
02108
OPH TOWN CODE
BOSTON CENSUS TRACT
TELEPHONE NUMBER
AREA
EXCH
NUMBER
4
PARENT GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME
FIRST NAME
DESIG VENDOR
SOURCE OF HEALTH CARE
NO OF PARTIC IN FAMILY
PICK UP DAY
RECERTIFIED DATE (MM DD YY)
TERMINATION CODE
TERMINATION DATE (MM DD YY)
HOME DELIVERY PROGRAM USE CODES
5
PART TYPE
1 pregnant 2 post partum nursing
WOMAN'S STATUS
NUTR OBST RISK
BIRTH OR DEL DATE (MM DD YY)
FOOD PKG
INITIAL FOOD INTAKE
ENDING FOOD INTAKE
NUTRITIONAL CARE
VISITS
PRIORITY
HGB LEVEL
HCT LEVEL
NUMBER OF PRENATAL VISITS

OTHER PARTICIPANT INPUT FORM CODES

THE CHART BELOW LISTS ALL OTHER CODES NECESSARY FOR ACCURATE COMPLETION OF PARTICIPANT INPUT FORMS.

FIELD	CODE	DEFINITION
RACE	A	White, not of Hispanic origin
	B	Black, not of Hispanic origin
	C	Hispanic
	D	American Indian or Alaskan Native
	E	Asian or Pacific Islander
SOURCE OF HEALTH CARE	A	WIC Agency
	B	Other health care agency
	C	Private physician
	D	None
TERMINATION CODES	1*	Automatic termination, including: o a child on his/her 5th birthday o a postpartum non-nursing woman at 6 months postpartum o a postpartum nursing woman at 1 year postpartum o a pregnant woman 90 days after her expected delivery date, if she has not been changed to postpartum status, and if her delivery date has not been entered o a participant 7 months after last certification, if no new recertification date has been input
	2	No longer at nutritional risk.

* Use this code only if the participant should have been terminated by the computer, but was not.

FIELD	CODE	DEFINITION
	3	Participant has moved from your catchment area or transferred to another program.
	4	Non-use of issued vouchers; no voucher pick-up for 60 days.
	5	Participant failed to attend repeat certification appointment.
	6	Dropped identification number, new number assigned.
	7	No longer income eligible.
	8	At nutritional risk; currently certifying only higher priorities.
		Other (voluntary withdrawal, death, etc.)
	9	Stop activity - possible fraud. (Record remains on the participant file until the code is changed but vouchers are not produced.)
PARTICIPANT TYPE	W	Woman
	I	Infant
	C	Child
WOMAN'S STATUS	1	Pregnant
	2	Postpartum, not nursing
	3	Postpartum, nursing
		Leave blank for infants and children.
NUTRITIONAL OBSTETRICAL RISK		Not currently used.
INITIAL FOOD INTAKE		Not currently used.
ENDING FOOD INTAKE		Not currently used.

FIELD	CODE	DEFINITION
NUTRITIONAL CARE		Not currently used.
NUTRITIONAL VISITS		Not currently used.
PRIORITY	1AX	1A
	1AP	1A - prevent regression
	1BX	1B
	1BP	1B - prevent regression
	1CX	1C
	1CP	1C - prevent regression
	2AX	2A
	2AP	2A - prevent regression
	2BX	2B
	2BP	2B - prevent regression
	3AX	3A
	3AP	3A - prevent regression
	3BX	3B
	3BP	3B - prevent regression
	3CX	3C
	3CP	3C - prevent regression
	4AX	4A
	4AP	4A - prevent regression
	4BX	4B
	4BP	4B - prevent regression
	5AX	5A
	5AP	5A - prevent regression
	5BX	5B
	5BP	5B - prevent regression
	5CX	5C
	5CP	VC - prevent regression
	6XX	6
HGB LEVEL		Not currently used
HCT LEVEL		Not currently used
NUMBER OF PRENATAL VISITS		Not currently used

PARTICIPANT MANAGEMENT REPORTS

THE WIC COMPUTER SYSTEM PRODUCES MANAGEMENT REPORTS WITH THE INFORMATION SUBMITTED BY YOU ON PARTICIPANT INPUT FORMS AND PROCESSED BY THE COMPUTER.

** Twice a week, the WIC computer produces these management reports:

1. WIC Participant Update Listing
2. WIC Edit Listing
3. WIC Participant Update Rejects Listing

NOTE: Although these reports are produced twice a week, for simplicity's sake they will be referred to in this Manual as "weekly" reports.

** Once a month, the WIC computer produces these management reports:

1. Participant Listing in Participant ID Number Order
2. WIC Participant Report

USING WEEKLY PARTICIPANT MANAGEMENT REPORTS

PARTICIPANT EDIT, UPDATE AND REJECT LISTINGS ARE SENT TO YOU TWICE A WEEK.

USE THE PARTICIPANT UPDATE, EDIT, AND REJECT LISTINGS REGULARLY TO KEEP YOUR PARTICIPANT MASTERFILE AS UP-TO-DATE AS POSSIBLE.

Keep your Participant Masterfile up-to-date for several reasons:

1. It controls monthly production of computer-generated vouchers. Thus, if it is kept accurate and current, the need for manual vouchers is reduced.

2. It serves as an easily accessible source of participant information for your staff.

3. It generates statistics on participation which the state WIC office uses to request and/or support funding levels.

Use the following procedure to ensure that all participant input which wasn't accepted onto the Participant Masterfile is found and corrected:

1. Retain yellow input copies in batches as mailed until appropriate weekly reports arrive.

2. Compare your yellow input copies with the Participant Update Listing to determine which inputs were accepted and to make sure accepted information is correct.

   NOTE: If participant input is accepted and appears on the Participant Update Listing one month and does <u>not</u> appear on the next month's Participant Report, you have probably input an "old" recertification date (for example, 01/05/86 instead of 01/05/87). Or you may have input an "old" certification date and no recertification date on a Type 1 input for a transfer.

3. Compare the remaining yellow input copies with the Edit and Reject Listings. Make corrections and resubmit input.

4. Yellow input copies which do not match the Update, Edit or Reject Listings probably have a missing or incorrect program code or are missing the in "check for change" box.

WIC PARTICIPANT UPDATE LISTING

THE WIC PARTICIPANT UPDATE LISTING LISTS EVERY PARTICIPANT RECORD WHICH HAS BEEN ACCEPTED AND POSTED TO THE WIC PARTICIPANT MASTERFILE AS EITHER AN ADD (TRANSACTION TYPE 1) OR A CHANGE (TRANSACTION TYPE 2) DURING THE PREVIOUS INPUT CYCLE.

The Participant Update Listing contains all the information from the participant input form. It lists the participants by identification number in ascending order.

Review the Participant Update Listing as soon as you receive it to make sure that the information on your input forms was keypunched correctly. If there are errors in the participant information on the Participant Update, fix the errors by submitting a Trans. Type 2 input form with the correct information.

Reading the Participant Update Listing

FIRST COLUMN

First line:	Tells you whether the input was an add (ADD) or a change (CHG) or automatic computer change (WIC CHG)
Third line:	"Coded" is the way the computer refers to the batch date of the input form

SECOND COLUMN

First line:	Participant identification number
Third line:	Batch date

THIRD COLUMN

First line:	Participant last name, first name
Second line:	Participant's street address
Third line:	Participant's city or town and zip code
Fourth line:	Participant's telephone number and DPH town code
Fifth line:	Name of participant's guardian or authorized representative, last name and first name
Sixth line:	Household code number

FOURTH COLUMN

First line: Participant type: woman, infant or child
Second line: Sex of participant and race of participant
Third line: Source of health care and number of family members
Fourth line: Birthdate of WIC participant (for infants and children) or birthdate of infant for postpartum woman
Fifth line: Expected delivery date (for pregnant women)
Sixth line: Vendor number (for home delivery programs; not currently used)
Seventh line: Prenatal visit (not customarily used)

FIFTH COLUMN

First line: Status (for women): Pregnant, Post Nursing, Post Not Nursing
Second line: Day assigned for voucher pickup
Third line: Food package number assigned to participant
Fourth line: Program use codes (for home delivery programs; not currently used)
Fifth line: Nutritional risk (not customarily used)
Sixth line: Initial food intake (not customarily used)
Seventh line: Ending food intake (not customarily used)

SIXTH COLUMN

First line: Hgb level and Hct level (not customarily used)
Second line: Certification date
Third line: Priority: current priority of participant
Fourth line: Eligibility review date: date on which repeat certification should be scheduled
Fifth line: Date of most recent certification
Sixth line: Date of termination
Seventh line: Code for reason of termination

WIC PARTICIPANT UPDATE LISTING

WIC

PARTICPHT UPDATE LISTING 13

AS DF 06/01/87

EAST BDSTON WIC

LDCATIDN 01

CHG 10768018 L[redacted] HUONG LY
35 HARVER ST
CODED 05-21-87 E BOSTDN 02128
617-567-4167 035
L[redacted] LA TAN
HOUSEHDLD - 10768018

WIC - CHILD STATUS -
SEX - F RACE- ASIAN/PAC VOUCHER DAY - 08
SRC - FAMLY - PACKAGE - 04
BIRTHDAY - 10-31-85 PRDG. CDDES -
EXPT DEL DAY - 00-00-00 NUTRN. RISK - 000
VENDDR - 000 INIT INTAKE - 000
PREN. VISITS - 00 END. INTAKE - 000

HGB - 00 HCT - 00
CERTIFIED - 10-31-85
PRIDRITY - 3CX
ELIG. REVIEW - 11-19-87
RECERTIFIED - 05-19-87
TERMINATED -
REASDN -

CHG 10770014 H[redacted] LATRINA
26 MAVERICK ST
CODED 05-22-87 E BOSTDN 02128
617-569-6853 035
HOUSEHOLD - 10770014

WIC - CHILD STATUS -
SEX - F RACE- WHT NDT H VOUCHER DAY - 15
SRC - FAMLY - PACKAGE - 04
BIRTHDAY - 09-09-85 PRDG. CDDES -
EXPT DEL DAY - 00-00-00 NUTRN. RISK - 000
VENDDR - 000 INIT INTAKE - 000
PREN. VISITS - 00 END. INTAKE - 000

HGB - 00 HCT - 00
CERTIFIED - 09-13-85
PRIDRITY - 5BX
ELIG. REVIEW - 10-28-87
RECERTIFIED - 04-28-87
TERMINATED -
REASDN -

ADD 10832012 P[redacted] BENJAMIN
198 BREMEN ST
CODED 05-21-87 E BDSTDN 02128
617-567-0482 035
P[redacted] MICHELLE
HOUSEHOLD - 10832012

WIC - INFANT STATUS -
SEX - M RACE- WHT NDT H VOUCHER DAY - 15
SRC - FAMLY - PACKAGE - 15
BIRTHDAY - 05-14-87 PROG. CDDES -
EXPT DEL DAY - 00-00-00 NUTRN. RISK - 000
VENDDR - 000 INIT INTAKE - 000
PREN. VISITS - 00 END. INTAKE - 000

HGB - 00 HCT - 00
CERTIFIED - 05-14-87
PRIORITY - 2XX
ELIG. REVIEW - 11-14-87
RECERTIFIED -
TERMINATED -
REASON -

CHG 10832020 P[redacted] MICHELLE
198 BREMEN ST
CODED 05-21-87 E BDSTDN 02128
617-567-0482 035
HOUSEHOLD - 10832012

WIC - WDMAN STATUS - PREGNANT
SEX - F RACE- WHT NDT H VOUCHER DAY - 15
SRC - FAMLY - PACKAGE - 08
BIRTHDAY - 00-00-00 PRDG. CDDES -
EXPT DEL DAY - 05-02-87 NUTRN. RISK - 000
VENDDR - 000 INIT INTAKE - 000
PREN. VISITS - 00 END. INTAKE - 000

HGB - 00 HCT - 00
CERTIFIED - 04-15-87
PRIDRITY - 1XX
ELIG. REVIEW -
RECERTIFIED -
TERMINATED - 05-21-87
REASDN - 1

WIC TYP10838019 F[redacted] RICHARD
CHG 62 W EAGLE ST
CODED 05-21-87 E BDSTDN 02128
617-561-9292 035
F[redacted] MAUREEN
HOUSEHDLD - 10838019

WIC - CHILD STATUS -
SEX - M RACE- WHT NDT H VOUCHER DAY - 01
SRC - FAMLY - PACKAGE - 04
BIRTHDAY - 07-29-86 PRDG. CDDES -
EXPT DEL DAY - 00-00-00 NUTRN. RISK - 000
VENDDR - 000 INIT INTAKE - 000
PREN. VISITS - 00 END. INTAKE - 000

HGB - 00 HCT - 00
CERTIFIED - 04-17-87
PRICRITY - 1XX
ELIG. REVIEW - 10-17-87
RECERTIFIED -
TERMINATED -
REASDN -

ADD 10881019 B[redacted] SAMANTHA
48 PRINCETDN ST
CODED 05-21-87 E BOSTDN 02128
617-569-5845 035
B[redacted] ALLISDN
HOUSEHOLD - 10881019

WIC - CHILD STATUS -
SEX - F RACE- WHT NDT H VOUCHER DAY - 01
SRC - FAMLY - PACKAGE - 04
BIRTHDAY - 06-20-83 PRDG. CDDES -
EXPT DEL DAY - 00-00-00 NUTRN. RISK - 000
VENDDR - 000 INIT INTAKE - 000
PREN. VISITS - 00 END. INTAKE - 000

HGB - 00 HCT - 00
CERTIFIED - 05-19-87
PRIDRITY - 5BX
ELIG. REVIEW - 11-19-87
RECERTIFIED -
TERMINATED -
REASDN -

WIC EDIT LISTING

THE WIC EDIT LISTING RECORDS ERRORS THAT WERE MADE ON PARTICIPANT INPUT FORMS.

The WIC Edit Listing records 3 types of errors on participant input. The following error flags appear in the far right hand column of the Edit Listing.

REJECTED The entire record was rejected by the computer due to an error in a critical field.

The record as it appears on the input form is printed with the code 4 or 5 appearing under each character in a field where data is missing or unacceptable. The key to the code is at the bottom of the page. Redo the entire record on a particpant input form; correct or fill in the missing data.

ACCEPTED The record was accepted as is; however, there is an error in a non-critical field.

The code 1, 2, or 3 appears under each character in a non-critical field where data is missing or unacceptable. Correct or fill in the missing data on a participant input form, put a in the appropriate box(es) on the left side, fill in the header and submit the input form as a Type 2 transaction.

DUPLICATE LINE NUMBER * CARD REJECTED Two participant inputs, each with the same participant identification number and with data on the same line(s), were submitted within the same input cycle.

In this case, data from lines 1, 3, and 5 of the first input and from lines 2 and 4 of the second input were accepted and appear on the Recipient Update Listing. Data from lines 2 and 4 of the first input and from lines 1, 3, and 5 of the second input were rejected and are printed on the Recipient Edit Listing.

To determine which data was accepted and which was rejected, isolate the participant ID number and line number by breaking down the unspaced 21 digits on the far left side into fields as used on the input form.

EXAMPLE: 013014027312610516872

013 | 01 | 40273126 | 1 | 051687 | 2

Program code	Site Code	ID#	Type	Batch date	Line #
013	01	40273126	1	05/16/87	2

Use the participant ID number to locate the 2 yellow input copies and the accepted record on the WIC Recipient Update Listing. Use the Participant WIC Update Listing, the WIC Edit Listing and the 2 yellow input copies to determine what corrections need to be made.

2 Type 2's - Use a Type 2 transaction to enter the information from either input copy which doesn't appear or is incorrect on the Participant Update Listing.

2 Type 1's - If identical inputs were submitted and the record on the Participant Update Listing is correct, do nothing.

If records for 2 different participants were submitted with the same participant ID#:

1. Use a Type 2 transaction to correct lines 1, 3, and 5 or lines 2 and 4 of the record that appears in the Participant Update Listing so that this record will match one of the inputs.

2. Use a Type 1 transaction and an unused participant ID # to resubmit all the information from the other input.

WIC EDIT LISTING

REPORT NO. WIC013-RECIP WIC EDIT LISTING AS OF 03/10/87 PAGE 1
SOUTH DORCHESTER/ROSLINDALE WIC LOCATION 02

PROG LOC RECIPIENT NUMBER	TP	DATE	LINE NUM.	LAST NAME	FIRST NAME	INIT	SEX	RACE	HOUSEHOLD CERTIFICATION CODE	CERTIFICATION DATE	EXP. DEL. DATE	
01 02 7107502S	1	03-02-87	1	HI[redacted]	JAMES		M	B		12-12-86	- -	REJECTED
			2	1276 BLUE HILL AVE								REJECTED
			3	MATTAPAN					MA 02126	617-288-0344		REJECTED
			4	HI[redacted]	DANITA				12	- -	- -	REJECTED
			5	RECIP. TYPE C	STATUS RISK	NUTR BIRTH/DEL DATE 02-07-86	PKG. 05	FOOD INTAKE INIT ENDING	NUTRITIONAL CARE VISITS	PRIORITY CODE 3XP 5S5	HGB LEVEL	HCT NO OF VISITS REJECTED

(1)

* PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

01 0273084014102233871EL[redacted]	COREY	MB	080486		***** DUPLICATE LINE NUMBER * CARD REJECTED
01 0273084014102238724Z LUCERNE ST					***** DUPLICATE LINE NUMBER * CARD REJECTED
01 0273084014102238730ORCHESTEP		MA02124	6178250215		***** DUPLICATE LINE NUMBER * CARD REJECTED
01 0273084014102238 74			12		***** DUPLICATE LINE NUMBER * CARD REJECTED
01 0273084014102238 7SC 12238S0S		3AX			***** DUPLICATE LINE NUMBER * CARD REJECTED

(2)

* 1 BENEATH A FIELD MEANS DATA IS MISSING FOR A REQUIRED FIELD. RECORD IS ACCEPTED
* 2 BENEATH A FIELD MEANS UNACCEPTABLE DATA FORMAT FOR THAT FIELD. FIELD HAS BEEN SKIPPED BUT RECORD IS ACCEPTED.
* 3 BENEATH A FIELD MEANS DATA FORMAT IS CORRECT BUT DATA ENTERED EXCEEDS RANGE OF ACCEPTABLE VALUES FIELD HAS BEEN SKIPPED BUT RECORD IS ACCEPTED
* 4 BENEATH A FIELD MEANS DATA IS MISSING FOR A CRITICAL FIELD RECORD IS REJECTED.
* 5 BENEATH A FIELD MEANS DATA IS UNACCEPTABLE FOR A CRITICAL FIELD RECORD IS REJECTED.

WIC PARTICIPANT UPDATE REJECTS LISTING

THE WIC PARTICIPANT UPDATE REJECTS LISTING LISTS ERRORS INVOLVING THE PARTICIPANT IDENTIFICATION NUMBER.

There are two types of errors flagged under REJECT DESCRIPTION in the WIC Participant Update Rejects Listing:

DUPLICATE TRANS TYPE ADD - The computer has rejected a Type 1 input with a participant ID which duplicates the participant ID number of a participant already recorded in the Participant Masterfile.

Redo the entire Type 1 participant input using an unused participant ID number.

NO MATCH TRANS TYPE CHG - The computer has rejected a Type 2 input with a participant ID number which doesn't exist in the Participant Masterfile.

If you wrote the participant's name on the Type 2 input, find the participant's correct ID number in the Participant Report and resubmit the Type 2 input using the correct ID number.

(see NOTE in the CHANGING INFORMATION ON A PARTICIPANT RECORD section in this Voucher System Manual.)

WIC PARTICIPANT UPDATE REJECTS LISTING

WIC PARTICIPANT UPDATE REJECTS 04/13/87

UPHAMS CORNER WIC

		PARTICIPANT IDENTIFICATION			REJECT DESCRIPTION			
002	01	02024024	CA[redacted]	ALICIA	REJECT REASON	DUPLICATE	TRANS TYPE	ADD
002	01	02132033	HC[redacted]	DAT	REJECT REASON	DUPLICATE	TRANS TYPE	ADD
002	01	04248043			REJECT REASON	NO MATCH	TRANS TYPE	CHG
002	01	06092027			REJECT REASON	NO MATCH	TRANS TYPE	CHG
002	01	08032039	PI[redacted]	SONIA	REJECT REASON	DUPLICATE	TRANS TYPE	ADD
002	01	08268054			REJECT REASON	NO MATCH	TRANS TYPE	CHG
002	01	08573024			REJECT REASON	NO MATCH	TRANS TYPE	CHG
002	01	10102010	MO[redacted]	BELKIES	REJECT REASON	DUPLICATE	TRANS TYPE	ADD
002	01	10291011	FE[redacted]	YADIRA	REJECT REASON	DUPLICATE	TRANS TYPE	ADD

THIS # IS ALREADY BEING USED IN THE PARTICIPANT MASTERFILE. CHECK PARTICIPANT LISTING BY ID NUMBER.

THIS # DOESN'T EXIST IN THE MASTERFILE, SO NO CHANGE CAN BE MADE.

USING MONTHLY PARTICIPANT MANAGEMENT REPORTS

THE PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER AND THE WIC PARTICIPANT REPORT ARE PRODUCED AT THE SAME TIME VOUCHERS ARE CREATED AND ARE SENT TO YOU WITH THE VOUCHERS.

THE MONTHLY PARTICIPANT REPORTS REFLECT ALL PARTICIPANT INPUT RECEIVED AT THE STATE WIC OFFICE BY INPUT CUTOFF DAY, AROUND THE 18TH OF THE MONTH.

PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER

THE PARTICIPANT LISTING LISTS ALL PARTICIPANTS, BOTH ACTIVE AND INACTIVE, IN ASCENDING IDENTIFICATION NUMBER ORDER. IT ALSO LISTS EACH PARTICIPANT'S HOUSEHOLD CODE.

The Participant Listing is also called the ID Listing. It is generated by program and site.

Use your Participant Listing to look up the name assigned to a specific ID number.

PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER

REPORT NO. WIC020-G

PARTICIPANT LISTIHG

MONTH OF JUHE

NORTH CENTRAL WIC

SITE 01

IN PARTICIPANT ID HUMBER ORDER

PARTICIPANT ID NUMBER	PARTICIPANT NAME		HOUSEHOLD NUMBER	PARTICIPANT ID NUMBER	PARTICIPANT NAME		HOUSEHOLD NUMBER
00024414	MO[redacted] MARIANA		00024414	00025551	HE[redacted] JOHN	R	00025551
00025601	VU[redacted] HARRY		00025601	00025759	MO[redacted] ANGEL	L	00025759
00025775	BR[redacted] JAMIE		00025775	00026I6I	CA[redacted] JESSICA		00026161
00026336	SE[redacted] NECTOR	L	00026336	00026393	PC[redacted] RICHARD		00026393
00026484	MA[redacted] KENNY		00026484	00026567	BA[redacted] OMAIRA		00026567
00026625	BA[redacted] BILLY		00026625	00026732	AL[redacted] GENNILLE	J	00026732
00026765	MO[redacted] JASON		00026765	00026948	HE[redacted] ZULEIKA		00026948
00026997	CD[redacted] EMILY		00026997	00027003	MA[redacted] IRIS		00027003
00027011	WD[redacted] MARY		00027011	00027037	SE[redacted] KEVIN		00027037
00027052	PA[redacted] ANGELICA		00027052	00027094	ST[redacted] ERIC		00027094
00027201	AL[redacted] GEORGIE	L	00027201	00027821	ME[redacted] KEILA		00027821
00027888	DE[redacted] DAWN		00027888	00027896	DU[redacted] TREMAIN		00027896
00028001	SE[redacted] DANIEL		00028001	00028027	WO[redacted] ZACHARY		00028027
00028266	GR[redacted] SARAN	A	00028266	00028290	SK[redacted] MATTHEW		00028290
00028308	VI[redacted] JUAN	A	00028308	00028597	MA[redacted] SHEILA		00028597
00028605	MA[redacted] IVELISSE		00028605	00028613	CA[redacted] YANIXA		00028613
00028654	ME[redacted] KRISTOFFER	R	00028654	00028795	MA[redacted] DENISE		00028795
00028837	GD[redacted] JONATHAN	W	00028837	00028910	RO[redacted] RUSSELL	E	00028910
00028993	KI[redacted] BRYAN		00028993	00029I8I	RO[redacted] CATINA		00029I8I
00029256	GA[redacted] DIANA		00029256	00029330	FL[redacted] CRYSTAL	L	00029330
00029389	GC[redacted] MELISSA		00029389	00029462	MA[redacted] JOANNA		00029462
00029488	DE[redacted] DAVID		00029488	00029496	NA[redacted] EDNALIZ		00029496

WIC PARTICIPANT REPORT

THE WIC PARTICIPANT REPORT LISTS ALL THE WIC PARTICIPANTS ON THE COMPUTER MASTERFILE IN ALPHABETICAL ORDER, BY SITE.

YOU RECEIVE TWO "HARD COPIES" AND ONE FICHE COPY OF THE PARTICIPANT REPORT. KEEP THE FICHE FOR SEVEN FISCAL YEARS FROM THE END OF THE YEAR TO WHICH IT PERTAINS.

The Participant Report includes two types of data:

1. Data in the Participant Masterfile accepted from Type 1 and Type 2 participant input forms, current up to the last "input cutoff."

2. Data entered by the computer including

   a. Eligibility review date
   b. Date and code 1 for automatic termination due to categorical ineligibility
   c. Warning flags for impending participant status changes
   d. Statistics based on the Participant Masterfile

The WIC Participant Report consists of 2 parts: participant information compiled from the Participant Masterfile, and statistical information on participation.

PARTICIPANT INFORMATION

This section contains the following information for each participant listed in the Participant Masterfile.

1. Identification number
2. Name
3. Address
4. Telephone number
5. Authorized representative
6. Household code
7. Participant type
8. Sex
9. Race
10. Birthdate of child or infant
11. Expected date of delivery
12. Termination code
13. Woman's status
14. Voucher pick-up day
15. Food package
16. Source of health care
17. # family members on WIC
18. Priority code
19. Initial certification date
20. Eligibility review date
21. Recertification date
22. Termination date

Note: Occasionally, participant records never appear on or seem to disappear from the Participant Report. The following situations may cause this to occur:

1. An "old" certification date (more than 8 months old) and no recertification date OR an "old" recertification date (10/05/86 instead of 10/05/87) is submitted on type 1 or 2 participant input. The participant records with these dates appear "accepted" on the Participant Update Listing, but do not appear in the Participant Report as the participants' certification periods appear to have expired without recertification.

2. A participant's name change has been submitted and appears in the Participant Report, but the change has not been recorded on the participant's file. If you have a name (and computer-generated vouchers) which you can't match to a participant file (and you suspect a name change), look up the participant identification number on a prior Participant Listing by Identification Number to find the "old" name. If you have a file and no vouchers (and you suspect a name change), look up the identification number as recorded in the file in the current Participant Listing by Identification Number to find the "new" name.

In the left-hand column, under the participant identification number, the computer prints "flags" to notify you of each participant's current status and possible impending status changes. The following flags are used:

ACTIVE	Vouchers were generated for this participant.
INACTIVE	The participant has been terminated and no vouchers were produced. This participant record will remain inactive in the participant masterfile for 4 months after date of termination. You may "reverse termination" on an INACTIVE participant by submitting a type 2 input for the participant with an "R" in the TERMINATION CODE box and 6 zeroes in the TERMINATION DATE boxes. You must also include the missing information which caused the termination, for example, the recertification date and priority code or the woman's postpartum status and delivery date. A "reverse termination" may be done as long as the participant record remains INACTIVE, ie. within 4 months after the date of termination. After 4 months of INACTIVE status, the participant record is taken off the Participant Masterfile and must be reentered with a Type 1 input.

RECERT NEXT MONTH — Participant due for recertification next month as indicated by the date next to *ELIG REVIEW in the far right column. Schedule an appointment for her/him.

RECERT THIS MONTH — The participant is due for recertification in the current month and hasn't been certified since the date next to *RECERTIFIED in the far right column. S/he must be recertified before receiving this month's vouchers.

RECERT OVERDUE — The participant was due for recertification one month ago and hasn't been certified since the date next to *RECERTIFIED in the far right column.

Check to see if the participant was recertified but the recertification date was never submitted. If it was done, submit the recertification date, priority and "R" in termination code box (for reverse termination) before input cutoff day.

Participants due one month ago will become INACTIVE next month and no vouchers with be produced unless the recertification date, priority, and an "R" in the termination code box (for reverse termination) are submitted before input cutoff day.

If recertification was not done, do nothing; this participant will not get vouchers next month but will remain inactive on the participant masterfile until exactly four months after the termination date.

LAST MONTH ELI(GIBLE) — If the participant will be categorically ineligible next month (5 year old child, non-nursing woman at 6 months postpartum, or breastfeeding woman at 1 year postpartum), give her/him a "NO LONGER ELIGIBLE LETTER".

If the participant is listed as PREGNANT, check to see if she has delivered.

- If she has delivered, submit her new status, the infant's birthdate, and "R" in the termination code box (for reverse termination) before input cutoff.

- If you don't know whether she delivered or not, do nothing. She will not receive vouchers next month but will remain inactive on the participant masterfile for exactly four months after her termination date (five months after her expected delivery day).

FIRST BIRTHDAY

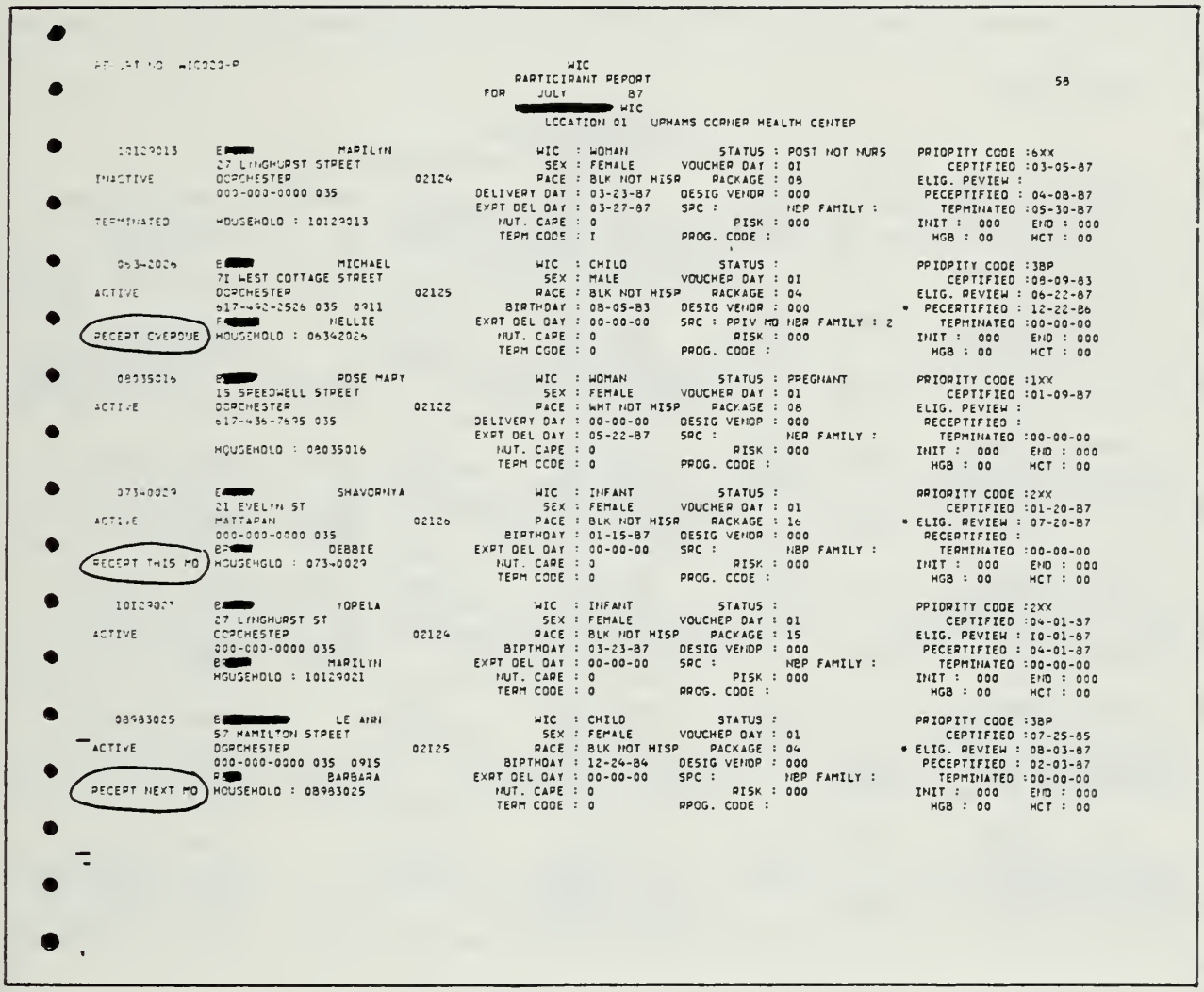
The participant will turn one year old next month.

Next month the infant's status will change to CHILD and his/her food package to package 04. You may want to notify the parent or guardian that next month's vouchers will not be formula. In some cases the child may need to continue with formula vouchers; if so, you must input a package change.

STATISTICAL INFORMATION

The last pages of the Participant Report contain statistics for the local program and for each site, including participant totals, participant characteristics, number of overdue recertifications, food packages assigned, voucher pick-up day assignments, terminations, and priority codes.

PARTICIPANT REPORT



REPORT NO. WIC003-P

WIC
PARTICIPANT REPORT
FOR JULY 87
[redacted] WIC
LOCATION 01 UPHAMS CORNER HEALTH CENTER

58

10129013 E[redacted] MARILYN
27 LYNGHURST STREET
INACTIVE DORCHESTER 02124
000-000-0000 035
TERMINATED HOUSEHOLD : 10129013
WIC : WOMAN STATUS : POST NOT NURS
SEX : FEMALE VOUCHER DAY : 01
RACE : BLK NOT HISP PACKAGE : 08
DELIVERY DAY : 03-23-87 DESIG VENDR : 000
EXPT DEL DAY : 03-27-87 SPC : NBP FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : I PROG. CODE :
PRIORITY CODE : 6XX
CERTIFIED : 03-05-87
ELIG. REVIEW :
RECERTIFIED : 04-08-87
TERMINATED : 05-30-87
INIT : 000 END : 000
HGB : 00 HCT : 00

0634-2026 E[redacted] MICHAEL
71 WEST COTTAGE STREET
ACTIVE DORCHESTER 02125
617-442-2526 035 0911
RECERT OVERDUE F[redacted] NELLIE
HOUSEHOLD : 06342026
WIC : CHILD STATUS :
SEX : MALE VOUCHER DAY : 01
RACE : BLK NOT HISP PACKAGE : 04
BIRTHDAY : 08-05-83 DESIG VENDR : 000
EXPT DEL DAY : 00-00-00 SPC : PRIV MD NBP FAMILY : 2
NUT. CARE : 0 RISK : 000
TERM CODE : 0 PROG. CODE :
PRIORITY CODE : 3BP
CERTIFIED : 08-09-83
ELIG. REVIEW : 06-22-87
* RECERTIFIED : 12-22-86
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

08035016 E[redacted] ROSE MARY
15 SPEEDWELL STREET
ACTIVE DORCHESTER 02122
617-436-7695 035
HOUSEHOLD : 08035016
WIC : WOMAN STATUS : PREGNANT
SEX : FEMALE VOUCHER DAY : 01
RACE : WHT NOT HISP PACKAGE : 08
DELIVERY DAY : 00-00-00 DESIG VENDR : 000
EXPT DEL DAY : 05-22-87 SPC : NBP FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : 0 PROG. CODE :
PRIORITY CODE : 1XX
CERTIFIED : 01-09-87
ELIG. REVIEW :
RECERTIFIED :
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

0734-0029 E[redacted] SHAVONNYA
21 EVELYN ST
ACTIVE MATTAPAN 02126
000-000-0000 035
B[redacted] DEBBIE
RECERT THIS MO HOUSEHOLD : 0734-0029
WIC : INFANT STATUS :
SEX : FEMALE VOUCHER DAY : 01
RACE : BLK NOT HISP PACKAGE : 16
BIRTHDAY : 01-15-87 DESIG VENDR : 000
EXPT DEL DAY : 00-00-00 SPC : NBP FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : 0 PROG. CODE :
PRIORITY CODE : 2XX
CERTIFIED : 01-20-87
* ELIG. REVIEW : 07-20-87
RECERTIFIED :
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

10129021 B[redacted] YOPELA
27 LYNGHURST ST
ACTIVE DORCHESTER 02124
000-000-0000 035
B[redacted] MARILYN
HOUSEHOLD : 10129021
WIC : INFANT STATUS :
SEX : FEMALE VOUCHER DAY : 01
RACE : BLK NOT HISP PACKAGE : 15
BIRTHDAY : 03-23-87 DESIG VENDR : 000
EXPT DEL DAY : 00-00-00 SPC : NBP FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : 0 PROG. CODE :
PRIORITY CODE : 2XX
CERTIFIED : 04-01-87
ELIG. REVIEW : 10-01-87
RECERTIFIED : 04-01-87
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

08983025 B[redacted] LE ANN
57 HAMILTON STREET
ACTIVE DORCHESTER 02125
000-000-0000 035 0915
RECERT NEXT MO R[redacted] BARBARA
HOUSEHOLD : 08983025
WIC : CHILD STATUS :
SEX : FEMALE VOUCHER DAY : 01
RACE : BLK NOT HISP PACKAGE : 04
BIRTHDAY : 12-24-86 DESIG VENDR : 000
EXPT DEL DAY : 00-00-00 SPC : NBP FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : 0 PROG. CODE :
PRIORITY CODE : 3BP
CERTIFIED : 07-25-85
* ELIG. REVIEW : 08-03-87
RECERTIFIED : 02-03-87
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

JULY PARTICIPANT REPORT SHOWING:

- RECERT OVERDUE IN JULY
- RECERT DUE THIS MONTH (JULY)
- RECERT DUE NEXT MONTH (AUGUST)

PARTICIPANT REPORT

REPORT NO. WIC020-P

WIC
PARTICIPANT REPORT 90
FOR JULY 87
UPHAMS CORNER WIC
LOCATION 01 UPHAMS CORNER HEALTH CENTER

01775014	C[redacted]	TONYA		WIC : WOMAN	STATUS : POST NOT NURS	PRIORITY CODE : 1XX
	14 FIFIELD STREET			SEX : FEMALE	VOUCHER DAY : 01	CERTIFIED : 04-16-86
INACTIVE	DORCHESTER		02122	RACE : BLK NOT HISP	PACKAGE : 12	ELIG. REVIEW :
	000-000-0000 03S 091S			DELIVERY DAY : 08-08-86	DESIG VENDR : 000	RECERTIFIED :
				EXPT DEL DAY : 08-16-86	SRC : NBR FAMILY :	TERMINATED : 03-01-87
TERMINATED	HOUSEHOLD : 01775014			NUT. CARE : 0	RISK : 000	INIT : 000 END : 000
				TERM CODE : 1	PROG. CODE :	HGB : 00 HCT : 00
03086014	C[redacted]	ALEX	A	WIC : CHILD	STATUS :	PRIORITY CODE : 3AX
	236 DUDLEY STREET			SEX : MALE	VOUCHER DAY : 01	CERTIFIED : 09-16-86
ACTIVE	ROXBURY		02119	RACE : HISPANIC	PACKAGE : 04	ELIG. REVIEW : 09-23-87
	000-000-0000 03S			BIRTHDAY : 02-14-85	DESIG VENDR : 000	RECERTIFIED : 03-23-87
				EXPT DEL DAY : 00-00-00	SRC : NBR FAMILY :	TERMINATED : 00-00-00
	HOUSEHOLD : 03086014			NUT. CARE : 0	RISK : 000	INIT : 000 END : 000
				TERM CODE : 0	PROG. CODE :	HGB : 00 HCT : 00
07000029	C[redacted]	CARLOS		WIC : INFANT	STATUS :	PRIORITY CODE : 2XX
	31 CUNNINGHAM STREET			SEX : MALE	VOUCHER DAY : 01	CERTIFIED : 05-07-87
ACTIVE	DORCHESTER		02125	RACE : HISPANIC	PACKAGE : 15	ELIG. REVIEW : 11-07-87
	617-445-4778 03S			BIRTHDAY : 04-25-87	DESIG VENDR : 000	RECERTIFIED :
	C[redacted]	MIGDALIA		EXPT DEL DAY : 00-00-00	SRC : NBR FAMILY :	TERMINATED : 00-00-00
	HOUSEHOLD : 07000029			NUT. CARE : 0	RISK : 000	INIT : 000 END : 000
				TERM CODE : 0	PROG. CODE :	HGB : 00 HCT : 00
02135010	[redacted]	CARMEN		WIC : WOMAN	STATUS : POST NOT NURS	PRIORITY CODE : 4BX
	63 COLEMAN ST			SEX : FEMALE	VOUCHER DAY : 01	CERTIFIED : 01-25-87
INACTIVE	DORCHESTER		02122	RACE : HISPANIC	PACKAGE : 12	ELIG. REVIEW :
	000-000-0000 03S			DELIVERY DAY : 01-25-87	DESIG VENDR : 000	RECERTIFIED :
				EXPT DEL DAY : 00-00-00	SRC : NBR FAMILY :	TERMINATED : 06-30-87
TERMINATED	HOUSEHOLD : 02135010			NUT. CARE : 0	RISK : 000	INIT : 000 END : 000
				TERM CODE : 8	PROG. CODE :	HGB : 00 HCT : 00
01452028	[redacted]	CHEILA	M	WIC : INFANT	STATUS :	PRIORITY CODE : 1XX
	56 DRARER ST			SEX : FEMALE	VOUCHER DAY : 01	CERTIFIED : 08-08-86
ACTIVE	DORCHESTER		02125	RACE : HISPANIC	PACKAGE : 26	* ELIG. REVIEW : 07-21-87
	000-000-0000 03S			BIRTHDAY : 08-04-86	DESIG VENDR : 000	RECERTIFIED : 01-21-87
FIRST BIRTHDAY	C[redacted]	MARIA M		EXPT DEL DAY : 00-00-00	SRC : NBR FAMILY :	TERMINATED : 00-00-00
RECERT THIS MO	HOUSEHOLD : 01452028			NUT. CARE : 0	RISK : 000	INIT : 000 END : 000
				TERM CODE : 0	PROG. CODE :	HGB : 00 HCT : 00
03086048	C[redacted]	DALISE		WIC : CHILD	STATUS :	PRIORITY CODE : 3AX
	236 DUDLEY STREET			SEX : FEMALE	VOUCHER DAY : 01	CERTIFIED : 01-02-87
ACTIVE	ROXBURY		02119	RACE : HISPANIC	PACKAGE : 04	* ELIG. REVIEW : 07-02-87
LAST MNTH ELIG	000-000-0000 03S			BIRTHDAY : 07-30-82	DESIG VENDR : 000	RECERTIFIED :
	C[redacted]	JEANETTE		EXPT DEL DAY : 00-00-00	SRC : NBR FAMILY :	TERMINATED : 00-00-00
RECERT THIS MO	HOUSEHOLD : 03086048			NUT. CARE : 0	RISK : 000	INIT : 000 END : 000
				TERM CODE : 0	PROG. CODE :	HGB : 00 HCT : 00

JULY PARTICIPANT REPORT SHOWING:
- FIRST BIRTHDAY IN AUGUST
- LAST MONTH ELIGIBLE (WILL BE TERMINATED 7/30)

PARTICIPANT REPORT

REPORT NO. WIC020-P

WIC
PARTICIPANT REPORT
FOR JULY 87
URHAMS CORNER WIC
LOCATION 0I UPHAMS CORNER HEALTH CENTER

95

I0276012 [redacted] TOMI
32 VAUGHN AVE
ACTIVE DORCHESTER 02125
000-000-0000 035
RECERT THIS MO HOUSEHOLD : I0276012

WIC : WOMAN STATUS : ROST NURSING
SEX : FEMALE VOUCHER DAY : 0I
RACE : BLK NOT HISR RACKAGE : 08
DELIVERY DAY : 0I-03-87 DESIG VENDR : 000
EXPT DEL DAY : 00-00-00 SRC : NBR FAMILY :
NUT. CARE : 0 RISK : 300
TERM CODE : 0 PROG. CODE :

PRIORITY CODE : IXX
CERTIFIED : 0I-03-87
* ELIG. REVIEW : 07-03-87
RECERTIFIED :
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

07060015 [redacted] TRACY
126 BIRD ST
ACTIVE DORCHESTER 02125
LAST MNTH ELIG 000-000-0000 035
HOUSEHOLD : 07060015

WIC : WOMAN STATUS : PREGNANT
SEX : FEMALE VOUCHER DAY : 0I
RACE : BLK NOT HISR RACKAGE : 08
DELIVERY DAY : 00-00-00 DESIG VENDR : 000
EXPT DEL DAY : 04-18-87 SRC : NBR FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : 0 PROG. CODE :

PRIORITY CODE : IXX
CERTIFIED : 12-05-86
ELIG. REVIEW :
RECERTIFIED :
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

02235018 [redacted] JUDY
8 WESTVILLE TERRACE
ACTIVE DORCHESTER 02124
000-000-0000 035
[redacted] MARY
RECERT THIS MO HOUSEHOLD : 02235018

WIC : CHILD STATUS :
SEX : FEMALE VOUCHER DAY : 0I
RACE : HISPANIC RACKAGE : 04
BIRTHDAY : 02-0I-83 DESIG VENDR : 000
EXPT DEL DAY : 00-00-00 SRC : NBR FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : 0 PROG. CODE :

PRIORITY CODE : 3BR
CERTIFIED : 07-22-86
* ELIG. REVIEW : 07-06-87
RECERTIFIED : 0I-06-87
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

02235026 [redacted] MARY
8 WESTVILLE TERRACE
ACTIVE DORCHESTER 02124
000-000-0000 035
[redacted] MARY
RECERT THIS MO HOUSEHOLD : 02235026

WIC : CHILD STATUS :
SEX : FEMALE VOUCHER DAY : 0I
RACE : HISPANIC PACKAGE : 04
BIRTHDAY : 09-I7-84 DESIG VENDR : 000
EXPT DEL DAY : 00-00-00 SRC : NBR FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : 0 PROG. CODE :

PRIORITY CODE : 3AX
CERTIFIED : 07-22-86
* ELIG. REVIEW : 07-06-87
RECERTIFIED : 0I-06-87
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

06053011 [redacted] MATTHEW
6 SUMNER ST
ACTIVE DORCHESTER 02125
000-000-0000 035
[redacted] ANTONIA
HOUSEHOLD : 06053011

WIC : CHILD STATUS :
SEX : MALE VOUCHER DAY : 01
RACE : BLK NOT HISR RACKAGE : 04
BIRTHDAY : 04-I0-84 DESIG VENDR : 000
EXPT DEL DAY : 00-00-00 SRC : NBR FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : 0 PROG. CODE :

PRIORITY CODE : 3CX
CERTIFIED : 11-I7-86
ELIG. REVIEW : 11-19-87
RECERTIFIED : 05-19-87
TERMINATED : 00-00-00
INIT : 000 END : 000
HGB : 00 HCT : 00

0I723022 [redacted] IVANA
6 WINTER ST
INACTIVE DORCHESTER 02125
6I7-288-6427 035 09I5
[redacted] ISABEL
TERMINATED HOUSEHOLD : 0I723022

WIC : CHILD STATUS :
SEX : FEMALE VOUCHER DAY : 0I
RACE : HISPANIC RACKAGE : 04
BIRTHDAY : 03-07-82 DESIG VENDR : 000
EXPT DEL DAY : 00-00-00 SRC : NBR FAMILY :
NUT. CARE : 0 RISK : 000
TERM CODE : 1 PROG. CODE :

PRIORITY CODE : 3AX
CERTIFIED : 03-3I-86
ELIG. REVIEW :
RECERTIFIED : 03-24-87
TERMINATED : 03-07-87
INIT : 000 END : 000
HGB : 00 HCT : 00

JULY PARTICIPANT REPORT SHOWING

- ACTIVE, LAST MONTH ELIGIBLE (3 MONTHS PAST EDC)
- INACTIVE (TERMINATED)

RESOLVING PROBLEMS IDENTIFIED IN VOUCHER RECONCILIATION

THE WIC COMPUTER SYSTEM RECONCILES PAID VOUCHERS AND EXAMINES THE MASTERFILES EACH MONTH.

THE WIC COMPUTER PRODUCES FOUR PROBLEM REPORTS DURING THIS MONTHLY RECONCILIATION AND SENDS THEM TO YOU FOR RESOLUTION:

1. CASH ERRORS
2. PARTICIPANTS NOT ON MASTERFILE (PNMF)
3. DUAL PARTICIPATION
4. MULTIPLE ISSUANCE

Food delivery follow-up reports are produced by the computer to help you monitor voucher distribution and program participation on an ongoing basis.

Follow-up reports are produced and sent to you at the end of each month. (If the computer does not report any problems in any of the above areas during a given month, no report is issued.) Return a complete report response to the Food Delivery Specialist at the state WIC office by the last day of the following month.

The following sections explain each report and how to respond to it.

CASH ERRORS

CASH ERRORS ARE VOUCHERS THAT HAVE BEEN PAID BUT ARE NOT RECORDED IN THE VOUCHER MASTERFILE AS HAVING BEEN ISSUED.

PROVIDE THE STATE WIC OFFICE WITH COMPLETE ISSUANCE INFORMATION ABOUT EACH CASH ERROR.

A cash error is usually a manual voucher and is a result of one of the following:

1. Manual voucher input was not submitted
2. Manual voucher input was submitted late or was lost in the mail
3. Manual voucher input was submitted with error, and was not corrected and resubmitted before the monthly reconciliation report was done
4. A voucher's magnetic-ink serial number was damaged and then misread
5. Manual voucher input was submitted with the wrong year in the date of issue (e.g., 1986 instead of 1987) and the record was purged as "old" from the Voucher Masterfile before the reconciliation report was done
6. Manual vouchers were stolen and cashed.

THE CASH ERROR REPORT

This report contains serial numbers of manual vouchers issued to your program which were cashed in a given month, for which there is no issuance record in the voucher masterfile. (See sample report below.)

If all the vouchers of a food package are not cashed at the same time, they may not all appear as a cash errors in the same month. If some are cashed the following month, they may appear as cash errors in the report for that month if the input has still not been submitted.

COMPLETING THE CASH ERRORS REPORT

1. Write "yes" beside each serial number for which you have an input copy containing participant name and date of issue.

2. Write "name only" if participant's name is present but date of issue is missing.

3. Write "no" if you have a blank input or no input.

4. Sign and date one copy of each page of the cash error report and return to the Food Delivery Specialist by the last day of each month.

5. Save one copy of the report for your records.

Try to determine why each error occurred (regardless of whether you have a signed input copy) and provide this information under "COMMENTS". You might also want to mark the cash errors on your input copies. Do not send copies of your input to the state WIC office. If you cannot locate a signed input copy for a participant cash error, the voucher is considered improperly distributed and your agency could potentially be liable for its cost.

After determining why your cash errors occurred, try to develop procedures which will reduce or eliminate them. For example, set up a timetable for submitting manual voucher inputs on time and for correcting manual voucher input errors before the cash error report is produced.

PREVENTING CASH ERRORS

Use the following procedure to help reduce the number of cash errors due to manual voucher input error.

1. Batch and retain your manual voucher input copies the same way as the mailed copies until the corresponding Update, Edit and Reject reports arrive.

2. Use the Update report to identify all serial numbers which were accepted into the computer. Be sure all serial numbers on the input copy were accepted. (Occasionally the second line of serial numbers is not keyed. Promptly resubmit a duplicate of your input copy on which you have crossed out the serial numbers which were accepted; highlight what needs to be keyed.)

3. Match remaining inputs with Edit and Reject reports. Correct errors on your copy, retain a duplicate, and resubmit promptly.

4. Promptly resubmit any input which doesn't appear on the Update, Edit or Reject report. It may have been lost in the mail or may represent a keypunching error.

Note: When you resubmit input, write "resubmitted" and the date on the copy you keep.

CASH ERRORS

4 04/86 DPH • MASS WIC • CASH ERRORS - REPORT 3B - VOUCHERS CREATED IN MAY 85 PAID IN THE MONTH OF MARCH PAGE 1

PROGRAM DIRECTOR SIGNATURE _____ DATE __/__/__
RETURN THIS FORM TO STATE AGENCY *** KEEP A COPY FOR 3.5 FISCAL YEARS

PROGRAM	VOUCHER SERIAL NUMBER	PAY DATE	AMOUNT PAID	TOTAL VOUCHERS	INPUT COPY ON HAND WITH NAME AND DATE ? YES/NO	COMMENTS IF ANY
[redacted]	9852580	3/10/86	10.80		___	
[redacted]	9852581	3/10/86	10.80		___	
[redacted]	9852582	3/10/86	10.80		___	
[redacted]	9852583	3/10/86	9.45		___	
PROGRAM TOTAL			41.85	4		

PARTICIPANTS NOT ON MASTERFILE

THE PARTICIPANTS NOT ON MASTERFILE REPORT (PNMF) LISTS PARTICIPANTS FOR WHOM VOUCHERS WERE ISSUED AND CASHED BUT FOR WHOM THERE IS NO RECORD ON THE PARTICIPANT MASTERFILE.

This report lists participant names and ID numbers, and voucher serial number, issue date and voucher type (only one per participant) for vouchers which were cashed in the month prior to the report date. (See sample report below.) These vouchers do have complete records in the voucher masterfile, but the person to whom they were issued does not have an active or inactive record in the Participant Masterfile which contains the same program code, site code and ID# as the record in the voucher masterfile.

Inactive records remain in the participant masterfile for four months after termination. For example, a participant who received her last set of vouchers in October and cashed them in November should not appear on the December reports, as she will remain inactive in the masterfile until March.)

Possible reasons for participants appearing on the PNMF report include:

1. type 1 participant input not yet accepted
2. wrong site code on manual voucher input
3. wrong ID number on manual voucher input
4. record was purged by computer because of "old" recert or termination date recently submitted on a participant record (e.g., 1986 instead of 1987).

COMPLETING THE PNMF REPORT

1. Write "yes" beside each participant for whom you have a certification record which is valid for the issue date shown.
2. Explain why this participant does not appear in the participant masterfile (as active or inactive) as of the run date of this report.
3. Sign and date each page and return to the Food Delivery Specialist by the last day of the month.

To decrease the volume of PNMF's, watch for patterns in "reason not on PMF". Develop procedures which will reduce or eliminate this problem. Submit and correct type 1 participant inputs and manual voucher inputs promptly.

PARTICIPANTS NOT ON MASTERFILE

3/24 86 DPH *** MASS WIC *** PARTICIPANTS NOT ON MASTERFILE WITH VOUCHERS CASHED IN THE MONTH OF MARCH PAGE

PROGRAM DIRECTOR SIGNATURE _____ DATE __/__/__

RETURN THIS FORM TO STATE AGENCY *** KEEP A COPY FOR 3.5 FISCAL YEARS

PROGRAM	SITE	NAME	PARTICIPANT I.D.	VOUCHER TYPE	VOUCHER NUMBER	ISSUE DATE	PAY DATE	CERT FORM VALID FOR ISSUE DATE ON HAND ?	REASON NOT ON PMF
[redacted]	001	A[redacted]	01086024	39	8331039	3/01/86	3/12/86	____	_____
[redacted]	001	AR[redacted]	08845000	14	8164743	2/05/86	3/05/86	____	_____
[redacted]	001	B[redacted]	09659020	14	8253603	3/25/86	3/27/86	____	_____
[redacted]	001	BA[redacted]	01153022	14	8253614	3/26/86	3/31/86	____	_____
[redacted]	001	BO[redacted]	01433010	14	8332193	3/20/86	3/24/86	____	_____
[redacted]	001	B[redacted]	01166032	14	8331848	3/10/86	3/14/86	____	_____
[redacted]	001	B[redacted]	01678030	03	8201120	3/06/86	3/15/86	____	_____
[redacted]	001	B[redacted]	01679018	24	8353507	3/21/86	3/28/86	____	_____
[redacted]	001	C[redacted]	09560079	14	8232016	3/01/86	3/19/86	____	_____
[redacted]	001	CA[redacted]	09603010	24	8253497	3/03/86	3/26/86	____	_____
[redacted]	001	CA[redacted]	09633025	14	8143418	3/03/86	3/19/86	____	_____
[redacted]	001	C[redacted]	07545027	39	8331091	3/01/86	3/25/86	____	_____
[redacted]	001	[redacted]	07423015	42	8300168	2/01/86	3/03/86	____	_____
[redacted]	001	C[redacted]	06974034	14	8232004	3/01/86	3/12/86	____	_____
[redacted]	001	DA[redacted]	07063050	39	8253035	3/07/86	3/25/86	____	_____
[redacted]	001	DA[redacted]	05278049	39	8331063	3/01/86	3/11/86	____	_____
[redacted]	001	D[redacted]	01643014	24	8353392	3/18/86	3/20/86	____	_____
[redacted]	001	DE[redacted]	01212018	24	8353487	3/20/86	3/26/86	____	_____
[redacted]	001	DI[redacted]	07022015	39	8331087	2/27/86	3/04/86	____	_____
[redacted]	001	DR[redacted]	07632029	14	8164843	2/11/86	3/06/86	____	_____
[redacted]	001	DU[redacted]	07975030	14	8332035	3/01/86	3/06/86	____	_____
[redacted]	001	E[redacted]	09120015	39	8253183	3/19/86	3/27/86	____	_____
[redacted]	001	[redacted]	01284025	14	8331908	3/12/86	3/25/86	____	_____
[redacted]	001	F[redacted]	01284017	25	8355318	3/13/86	3/26/86	____	_____

DUAL PARTICIPATION

THE DUAL PARTICIPATION REPORT LISTS ACTIVE PARTICIPANTS WITH THE SAME NAME WHO APPEAR:

- o TWICE ON ONE PROGRAM'S PARTICIPANT MASTERFILE
- o ONCE ON TWO PROGRAMS' PARTICIPANT MASTERFILE

Possible reasons for participants appearing on the Dual Participation report include:

1. Two participant input forms, each with a different ID number, were submitted for the same participant

2. An input form terminating a participant was never submitted and a type 1 participant input form was submitted issuing a new ID number to the same individual

3. Two individuals in the same family have identical names. This is not a problem, but it requires an explanation on the report

4. A participant was transferred within the state and the input for termination was not submitted or was submitted incorrectly

5. A participant is fraudulently participating in more than one program, or is receiving two sets of vouchers from one program

COMPLETING THE DUAL PARTICIPATION REPORT

1. For participants who are listed twice within your program, decide on one site and/or ID number for the participant and terminate the unwanted listing before the next input cutoff date.

2. For participants who are listed on your program and in the "other program" column, contact the other program's director to investigate and resolve the situation. Submit terminations by the next input cutoff date.

   In cases of dual participation (fraud), decide which program should terminate the participant and what penalty, if any, should be applied. This may range from 6 months' probation to a 3 month disqualification. (See the IMPOSING PENALTIES section of the Procedure Manual for guidance on sanction procedures.) The program retaining the retaining should then sanction the participant.

3. Note the actions taken, sign and date the report, and return it to the state WIC Food Delivery Specialist by the last day of each month.

DUAL PARTICIPATION

4/24/86 DPH ** MASS WIC ** DUAL PARTICIPATION PAGE 14
LISTING BY PROGRAM OF ACTIVE PARTICIPANTS WITH THE SAME NAME

PROGRAM DIRECTOR SIGNATURE _____ DATE __/__/__

PROG	SITE	ID	WICTYP	NAME	ADDR	TELE	PHONE	OTHER PROGRAM	ACTION TAKEN
[redacted]	00	76190016	I	CA[redacted]	95 8[redacted]	999	9999	___	_____
[redacted]	03	76190016	I	CA[redacted]	95 E[redacted]	000	0000	___	_____
[redacted]	05	76360015	I	CH[redacted]	67 K[redacted]	783	5912	___	_____
[redacted]	01	76360015	I	CH[redacted]	67 K[redacted]	783	5912	___	_____
[redacted]	03	76970029	C	R[redacted]	301 E[redacted]	000	0000	___	_____
[redacted]	03	76970037	C	R[redacted]	301 E[redacted]	000	0000	___	_____
[redacted]	03	80160747	C	RO[redacted]	149 SA[redacted]	536	6682	___	_____
[redacted]	01	69870012	C	PO[redacted]	18 WA[redacted]	785	5798	___	_____
[redacted]	03	69870012	C	ROD[redacted]	18 WA[redacted]	785	5798	___	_____

PROG TOTAL

MULTIPLE ISSUANCE

THE MULTIPLE VOUCHER ISSUANCE REPORT FOR EACH LOCAL WIC PROGRAM LISTS PARTICIPANTS WHO WERE ISSUED 7 OR MORE VOUCHERS DURING A SINGLE CALENDAR MONTH. YOU MUST PROVIDE THE STATE WIC OFFICE WITH AN EXPLANATION FOR EACH INSTANCE OF MULTIPLE ISSUANCE IDENTIFIED ON THIS REPORT.

Multiple issuance is the distribution of 7 or more vouchers (computer-generated and/or manual) to the same participant ID number during one calendar month.

Some reasons for multiple issuance are:

1. Food package contains 7 or more vouchers.
2. 1½ packages were issued in the same month for "catch up" to other participating family members or to cover a 6-week period before next voucher pick-up date.
3. Manual voucher input form was submitted with a participant ID number already on the masterfile. (2 inputs with the same ID number submitted within one input cycle appear on the Manual Voucher Edit Listing, not on the Multiple Issuance report.)
4. 2 packages were issued in one month, one intended for the first month and one for the next month.
5. A formula change was made after the participant redeemed the first set of vouchers and returned the formula to the local program in exchange for a new set of vouchers.
6. Fraud.

COMPLETING THE MULTIPLE ISSUANCE REPORT

The Multiple Issuance report lists all vouchers meeting the criteria above that were cashed by the participant and paid by the bank. It provides issue date, voucher serial number, voucher type, paid date, program and site code, participant name and ID number for each voucher on the report. Explain the reason for multiple issuance in the space provided.

The multiple issuance report is mailed to you at the end of the month. Return your response to the state WIC office by the last day of the following month.

MULTIPLE ISSUANCE REPORT

(Listing of Participants with Seven or More Voucher Issuances)

5/21/87

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH - WIC PROGRAM
LISTING OF PARTICIPANTS WITH SEVEN OR MORE VOUCHER ISSUANCES
IF LARGE PACKAGE, NO LOCAL PROGRAM EXPLANATION IS REQUIRED.

PROGRAM DIRECTOR SIGNATURE _____ DATE _____

ISSUE DATE	VOUCHER NUMBER	VOU. TYPE	PAID DATE	PROGRAM	SITE	NAME		PARTICIP ID	LOCAL PROGRAM RESPONSE: REASON FOR MULTI ISSUE
02/01/87	1211034	039	02/04/87	017	002	H[redacted]	I[redacted]	72589021	
02/01/87	1211035	040	02/24/87	017	002	H[redacted]	I[redacted]	72589021	
02/01/87	1211036	041	02/24/87	017	002	H[redacted]	I[redacted]	72589021	
02/01/87	1211037	042	02/10/87	017	002	H[redacted]	I[redacted]	72589021	
02/01/87	9069976	039	02/18/87	017	002	N[redacted]	I[redacted]	72589021	
02/01/87	9069978	041	02/18/87	017	002	N[redacted]	I[redacted]	72589021	
02/01/87	9069979	042	02/23/87	017	002	H[redacted]	I[redacted]	72589021	
02/01/87	9069977	040	03/04/87	017	002	N[redacted]	I[redacted]	72589021	
PGID TOTAL									
02/18/87	1214035	003	02/26/87	017	003	C[redacted]	K[redacted]	73505034	
02/18/87	1214032	003	02/26/87	017	003	C[redacted]	K[redacted]	73505034	
02/18/87	1214033	003	02/26/87	017	003	C[redacted]	K[redacted]	73505034	
02/18/87	1214034	003	02/26/87	017	003	C[redacted]	K[redacted]	73505034	
02/18/87	1214031	003	03/12/87	017	003	C[redacted]	K[redacted]	73505034	
02/18/87	1214036	003	03/12/87	017	003	C[redacted]	K[redacted]	73505034	
02/18/87	1214037	003	03/12/87	017	003	C[redacted]	K[redacted]	73505034	
02/18/87	1214038	003	03/12/87	017	003	C[redacted]	K[redacted]	73505034	
02/18/87	1214039	007	03/19/87	017	003	C[redacted]	K[redacted]	73505034	
PGID TOTAL									
02/09/87	9019128	039	02/19/87	017	003	B[redacted]	E[redacted]	73510000	
02/09/87	9019129	040	02/12/87	017	003	B[redacted]	E[redacted]	73510000	
02/09/87	9019130	041	02/12/87	017	003	B[redacted]	E[redacted]	73510000	
02/09/87	9019131	042	02/19/87	017	003	B[redacted]	E[redacted]	73510000	
02/09/87	9019125	040	02/25/87	017	003	B[redacted]	J[redacted]	73510000	
02/09/87	9019127	042	02/25/87	017	003	B[redacted]	J[redacted]	73510000	
02/09/87	9019124	039	03/02/87	017	003	B[redacted]	J[redacted]	73510000	
02/09/87	9019120	039	03/05/87	017	003	B[redacted]	N[redacted]	73510000	
02/09/87	9019122	041	03/10/87	017	003	B[redacted]	N[redacted]	73510000	
02/09/87	9019121	040	02/20/87	017	003	B[redacted]	N[redacted]	73510000	
02/09/87	9019123	042	02/12/87	017	003	B[redacted]	N[redacted]	73510000	
PGID TOTAL									
02/10/87	1214264	003	02/23/87	017	003	D[redacted]	R[redacted]	73161028	
02/10/87	1214265	003	02/23/87	017	003	D[redacted]	R[redacted]	73161028	
02/10/87	1214266	003	02/23/87	017	003	D[redacted]	R[redacted]	73161028	
02/10/87	1214267	003	02/23/87	017	003	D[redacted]	R[redacted]	73161028	
02/10/87	1214268	003	02/23/87	017	003	D[redacted]	R[redacted]	73161028	
02/10/87	1214269	003	02/23/87	017	003	D[redacted]	R[redacted]	73161028	
02/10/87	1214270	003	02/23/87	017	003	D[redacted]	R[redacted]	73161028	
02/10/87	1214271	003	02/23/87	017	003	D[redacted]	R[redacted]	73161028	
PGID TOTAL									

VENDOR SYSTEM

A WIC VENDOR IS A RETAIL FOOD STORE, PHARMACY, OR HOME DELIVERY SERVICE AUTHORIZED BY THE WIC PROGRAM TO REDEEM WIC FOOD VOUCHERS FOR SPECIFIED WIC FOODS.

Retail vendors play a critical part in the WIC Program. As the distributors of the special WIC foods, vendors are essential in helping to improve the nutritional status of members of their communities.

The WIC Program benefits participating vendors not only because of the direct contribution of WIC food sales, but also because WIC participants who purchase their WIC foods from a vendor normally purchase other products at the same time.

In return for WIC sales, the WIC Program expects vendors to treat WIC participants the same as other customers and to follow the rules and regulations of the WIC program.

VENDOR SELECTION

The main steps in the vendor selection process are:

1. Each local program designs a vendor selection plan for its service area which identifies the number and preferred location of vendors with whom they will enter into an agreement.

2. Interested vendors submit applications to the local WIC program.

3. The local program selects vendors, pharmacies, and (if needed in rural areas) home delivery services according to standard criteria developed by the state WIC office. Pharmacies are authorized to ensure that WIC participants have access to special infant formulas.

4. The local program signs agreements with selected food vendors and pharmacies and monitors their compliance with WIC Program procedures throughout the fiscal year.

Each of these steps is outlined in detail in the following sections.

DETERMINING NEED FOR VENDORS

CONSIDER THESE FACTORS WHEN DETERMINING YOUR VENDOR NEEDS:

1. YOUR KNOWLEDGE OF YOUR COMMUNITY
2. RESULTS OF THE PARTICIPANT SHOPPING SURVEY
3. COMMON SENSE

THE PARTICIPANT SHOPPING SURVEY

Use the "PARTICIPANT SHOPPING SURVEY" to obtain information from participants about their shopping preferences. This survey is not required, but it is recommended. A copy is included in the Originals Packet.

Some ways to use the "PARTICIPANT SHOPPING SURVEY" are:

- Distributing it to all participants at the April voucher pick-up
- Distributing it to a randomly chosen sample of participants

  For example, give a copy to every 10th person on the voucher register or give one to every 5th person coming in to pick up vouchers.
- Surveying participants orally and completing the survey form yourself with the information they give you.

THE NUMBER OF VENDORS YOU NEED

The standard ratio recommended by the state WIC office is one food vendor for every 75 to 100 participants in rural areas, one food vendor for every 150 to 200 participants in urban areas, and one pharmacy for every 300 participants (or one for each program site, if needed).

In deciding how many vendors you need to authorize, think about:

1. How many vendors your participants need
2. Where those vendors should be located throughout your catchment area
3. How much staff time is available for vendor training and monitoring

THE VENDOR SELECTION PLAN

USE THE VENDOR SELECTION PLAN TO SPECIFY THE NUMBER AND DISTRIBUTION OF VENDORS YOU DESIRE FOR THE COMING FISCAL YEAR.

SEND YOUR COMPLETED VENDOR SELECTION PLAN TO THE STATE OFFICE BY JUNE 1 OF EACH YEAR.

YOU WILL RECEIVE APPROVAL OR NOTICE OF CHANGES REQUESTED BY JULY 1.

Use the "VENDOR SELECTION PLAN" to outline and describe your goals for service.

COMPLETING THE VENDOR SELECTION PLAN

1. Program name

2. Assigned caseload Write your assigned caseload as of May.

3. Proposed Number of Vendors Specify the total number of vendors you are requesting for the next fiscal year, broken down by food stores, pharmacies and home delivery vendors.

4. Food Vendor : Participant Ratio Divide your caseload by the number of vendors to determine the ratio of participants to food stores and home delivery vendors (e.g., 1 to 75).

5. Pharmacy : Participant Ratio Divide your caseload by the number of pharmacies to determine the ration of participants to pharmacies.

6. Towns in Catchment Area List every town that is formally a part of your catchment area.

7. Number of Participants List the number of active participants living in each town.

8. WIC Site? Put a check mark in this column if you have a WIC site in this town.

9. Proposed Coverage

   - Under "# of food stores", indicate the number of food vendors you wish to authorize in each town. Do not include home delivery in this count.

   - Under "# of pharmacies", indicate the number of pharmacies you wish to authorize in each town.

   - Under "home delivery coverage", place a check mark if you would like to have home delivery cover this town in addition to or in place of food vendors and/or pharmacies.

10. Special Factors Affecting Selection Plan Explain any particular circumstances which affect your plan, such as:

    a. Number and distribution of participants served
    b. Availability of transportation, geography and other factors affecting participant access to stores
    c. Participant shopping preferences as indicated by the "PARTICIPANT SHOPPING SURVEY"
    d. Vendor shortages
    e. Hours of vendor operation
    f. Racial or ethnic considerations
    g. Staff time available at your local program for vendor training and monitoring

11. Home Delivery If home delivery is necessary to serve your participants, use this space to explain why.

    Note: You may not authorize home delivery vendors to provide services in urban areas, and any home delivery vendors you authorize may not serve WIC participants who live in urban areas. See the HOME DELIVERY section of this Procedure Manual.

12. Number of Vendors If your ratios of food vendors and pharmacies to participants do not fall within the recommended figures (1:75-100 rural and 1:150-200 urban for food stores, and approximately 1:300 for pharmacies), use this space to explain why.

13. Prepared by / Title / Date Fill in the signature and title of the person preparing the plan, and the date it was completed.

VENDOR APPLICATIONS

ALL VENDORS MUST REQUEST AND SUBMIT APPLICATIONS IN ORDER TO BE CONSIDERED FOR WIC AUTHORIZATION.

Vendor applications are available in English and Spanish, beginning in June of each year.

All food vendors, pharmacies and home delivery services wishing to participate in the WIC Program in the upcoming fiscal year must apply. No vendors automatically receive a new authorization.

PHARMACIES

Pharmacies wishing to accept WIC vouchers for infant formula and other foods must complete and submit both the food vendor and the pharmacy applications. (Note: They must continue to submit both types of quarterly price lists throughout the year, for WIC to monitor their prices.)

FOOD CO-OPS

If a food co-op charges different prices for members and non-members, have them submit separate price lists for members and non-members.

See the DETERMINING COMPOSITE PRICES FOR VENDORS section for more information.

VENDOR APPLICATIONS

Keep all vendor applications for 7 fiscal years, including those for vendors you have not contracted with.

NOTIFYING VENDORS ABOUT THE APPLICATION PROCESS

BY JUNE 10, SEND EACH CURRENTLY PARTICIPATING WIC VENDOR A "VENDOR AUTHORIZATION EXPIRATION LETTER".

MAKE SURE ALL PUBLICITY YOU USE TO SOLICIT VENDORS IS NON-DISCRIMINATORY.

NOTIFYING CURRENTLY PARTICIPATING VENDORS

Use the "VENDOR AUTHORIZATION EXPIRATION LETTER" to formally notify vendors that:

- current WIC agreements expire on September 30,
- participating vendors must request and submit applications in order to be considered for a new WIC agreement, and
- applications are due on a given date in July.

NOTIFYING VENDORS NOT CURRENTLY PARTICIPATING IN WIC

The state WIC office makes public announcements of the vendor application process in newspapers throughout Massachusetts, such as:

BAY STATE BANNER

BERKSHIRE EAGLE

BOSTON GLOBE

CAPE COD TIMES

DAILY HAMPSHIRE GAZETTE

PROVIDENCE JOURNAL

SPRINGFIELD DAILY NEWS

WORCESTER TELEGRAM AND GAZETTE

The state WIC office will supply you with samples of announcements and press releases if you wish to submit them to newspapers in your catchment area.

Become A WIC Vendor

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is seeking applications from interested food vendors and pharmacies for FY'88 contracts.

More than 68,000 WIC participants will spend over $24 million this year in 750 WIC-authorized retail grocery stores, dairies, and pharmacies.

To request an application, write to:

Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd Floor
Boston, MA 02111

Call 1-800-WIC-1007 or 617-727-6876 before July 1 for more information about applying.

Application deadline is July 15, 1987, 4:00 p.m.

REQUESTS FOR VENDOR APPLICATIONS

ALL VENDORS MUST REQUEST WIC VENDOR APPLICATIONS IN WRITING.

SEND AN APPLICATION PACKET TO ANY VENDOR REQUESTING AN APPLICATION IN WRITING.

ACCEPT APPLICATION REQUESTS FROM ANY VENDOR AT ANY TIME DURING THE FISCAL YEAR.

KEEP TRACK OF ALL VENDOR REQUESTS SO YOU CAN PROCESS THEM WITHIN THE APPROPRIATE DEADLINES.

REQUESTS BEFORE THE DEADLINE

Vendors may request applications for the upcoming fiscal year until the deadline for submitting the completed applications has passed.

REQUESTS AFTER THE DEADLINE

If a vendor requests an application after the deadline for the upcoming or current fiscal year has passed, call or write to notify them that the contracting period is over but that you will send them an application:

- if you need to reopen your application process, or
- when the new contracting period begins.

Keep track of all written requests, and send these vendors application packets for the following year when you receive them from the state WIC office.

DISTRIBUTING VENDOR APPLICATIONS

SEND ALL VENDOR APPLICATION PACKETS BY CERTIFIED MAIL OR HAND-DELIVER THEM.

When you receive a written request from a vendor, send her/him a WIC Vendor Application Packet immediately, or as soon as the applications become available. Accept requests until the deadline for returning the completed applications has passed.

BEFORE SENDING THE APPLICATIONS

1. Stamp or write your program name and address on each application price list.

2. Make sure that the correct date for food prices (as established by the state WIC office) has been filled in at the top of all pages of the price list, and above the signatures on the price list and application.

SENDING OR DELIVERING THE APPLICATIONS

1. Send each application with a "VENDOR APPLICATION COVER LETTER".

2. Obtain a written receipt for each application:

    - For mailed applications, keep the certified mail receipt.

    - For hand-delivered applications, have the vendor sign a "VENDOR APPLICATION RECEIPT".

3. File the application receipt in the vendor's file.

See the following pages for a copy of the WIC Vendor Application Packet.

WIC
VENDOR APPLICATION PACKET

FISCAL YEAR 1988

(October 1, 1987 - September 30, 1988)

APPLICATION DEADLINE:
Wednesday, July 15, 1987
4:00 P.M.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FAMILY HEALTH SERVICES

SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

MASSACHUSETTS WIC PROGRAM
VENDOR APPLICATION FY'88

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ATTACHMENTS

(A) "Mandatory Minimum" Checklist for Food Vendors
(B) Food Vendor Application and Price List
(C) "Mandatory Minimum" Checklist for Pharmacies
(D) Pharmacy Application and Price List

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

INTRODUCTION

MASSACHUSETTS WIC PROGRAM

WIC was legislated by Congress in 1972 to provide nutritious foods to women, infants and young children. Administered by the Massachusetts Department of Public Health, WIC currently contracts with 35 local health and social service agencies throughout Massachusetts.

Many low and moderate income women and children do not get essential nutrients. This places them at risk of health problems, including low birth weight, miscarriages, anemia and stunted growth. Therefore WIC provides both food and nutrition education to low and moderate-income pregnant, postpartum, and breastfeeding women, infants and children under five who are at nutritional risk. WIC does not, however, have enough funds to serve all eligible women and children, and must control food costs carefully to serve as many people as possible.

NUTRITION EDUCATION

The goal of WIC nutrition education is to promote healthy changes in participants' eating, food preparation and shopping habits. Once participants are certified for WIC, they receive nutrition counseling and a specific food package prescribed by a nutritionist.

The WIC foods are milk, cheese, eggs, 100% fruit juice, iron-fortified cereals, peanut butter, dried peas and beans, infant formula, and infant cereal. These foods provide nutrients such as iron, calcium, and Vitamins A, C and D, which are necessary for pregnant women and young children, but are most commonly deficient in American diets.

WIC FOOD VOUCHERS

A participant receives about 4 to 5 vouchers a month. Each voucher lists the specific types and amounts of foods prescribed. WIC vouchers can be used only at authorized WIC stores. The participant takes the WIC foods to the cashier, who separates out the WIC items on each voucher, rings up the WIC foods, and enters the price on the voucher. The participant signs the voucher to certify the correct price has been written, and gives it to the cashier. There is no exchange of money. The store is promptly reimbursed for the voucher after the manager deposits it in the store's bank.

WIC FOOD VENDORS AND PHARMACIES

As the actual distributors of WIC foods, WIC food vendors and pharmacies play a critical role in improving the health of their communities. It is important that WIC vendors ensure that participants purchase the correct foods with the WIC vouchers, so that they receive the foods they need.

It is equally important that food vendors and pharmacies charge the WIC Program fair and reasonable prices. Since the Massachusetts WIC Program cannot serve everyone who is eligible to participate in WIC, charging the lowest possible prices for WIC foods will help us to feed more people in need of the program.

IMPORTANT DATES

SUNDAY, JUNE 14, 1987	Public announcement of open competitive application process for WIC vendor agreements for Fiscal Year 1988. Notices are published in The Boston Globe, The Springfield Daily News, The Worcester Telegram and Gazette, The Providence Journal (Massachusetts edition) and The Berkshire Eagle.
WEDNESDAY, JULY 1, 1987	The date all actual shelf prices must be written on the WIC vendor application.
WEDNESDAY, JULY 15, 1987, 4:00 P.M.	DEADLINE FOR WIC PROGRAM RECEIPT OF APPLICATIONS FOR WIC VENDOR AGREEMENTS. THE LOCAL WIC PROGRAM WILL NOT CONSIDER ANY APPLICATIONS RECEIVED AFTER 4:00 P.M.***
MONDAY, AUGUST 31, 1987	Last day for Local WIC Programs to postmark the notice of acceptance or rejection of the WIC vendor application. Local programs will send notices by certified mail or hand deliver them.
WEDNESDAY, SEPTEMBER 30, 1987	Deadline for signing WIC vendor agreements for Fiscal Year 1988.
OCTOBER 1, 1987 - SEPTEMBER 30, 1988	Duration of Fiscal Year 1988 agreement.

*** SPECIAL NOTICE TO VENDORS: The Massachusetts WIC Program strongly recommends that all applications and other written materials be sent by certified mail or hand delivered. This prevents the possibility of loss or delay in the regular mail, and protects both the vendors who are submitting applications, and the local WIC programs. Vendors may use regular mail at their own risk. APPLICATIONS RECEIVED AFTER 4:00 P.M. ON WEDNESDAY, JULY 15, 1987 WILL NOT BE CONSIDERED.

THE VENDOR SELECTION PROCESS

** IMPORTANT **

THE SELECTION PROCESS IS VERY COMPETITIVE. ALL VENDORS WHO APPLY WILL NOT NECESSARILY RECEIVE A WIC VENDOR AGREEMENT. VENDORS' PRICES ARE A MAJOR FACTOR IN THE SELECTION PROCESS. IT IS IMPORTANT TO READ ALL OF THE INSTRUCTIONS CAREFULLY, AND TO FILL OUT THE INFORMATION EXACTLY AS REQUESTED. VENDORS ARE ENCOURAGED TO CONTACT THEIR LOCAL WIC PROGRAM FOR TECHNICAL ASSISTANCE IN COMPLETING THIS APPLICATION.

VENDOR SELECTION PLANS

Before any vendors are selected for the WIC Program, each Local WIC Program designs a vendor selection plan which specifies the number of food vendors and pharmacies needed to serve the WIC participants in that area. It is based on the following factors:

1. The need for food vendors, based on the number and distribution of WIC participants served by the local program,

2. The need for pharmacies, based on the number and distribution of participants needing special infant formulas,

3. WIC participant shopping preferences,

4. Local WIC Program resources available for vendor training and monitoring, and

5. The need, if any, for home delivery services in rural areas, based on participant hardship in access to stores.

THE VENDOR SELECTION PROCESS (continued)

SELECTION CRITERIA

To select the vendors that will be awarded WIC Vendor Agreements for Fiscal Year 1988, Local WIC Program Directors will apply the following criteria uniformly statewide:

1. TIMELINESS. Applications received after 4:00 P.M. on Wednesday, July 15, 1987 will not be considered. (If an application is rejected for this reason, the vendor may not appeal the decision by requesting a fair hearing.)

2. COMPLETENESS. Incomplete applications will not be considered. The vendor application must be filled out completely and accurately, and IT MUST BE SIGNED by the owner, manager, or other individual with legal authority to obligate the vendor.

3. ACCURACY. Inaccurate information in the application may be grounds for denial of an application or later disqualification from the WIC Program.

4. MANDATORY MINIMUM OF FOODS. Vendors must stock all of the required WIC foods listed on the "Mandatory Minimum" checklist at all times.

5. PRICE. Vendors will be ranked according to standard Massachusetts WIC composite price procedures. Vendors that meet all other criteria and have the lowest prices may be selected based on the local WIC program vendor selection plan. (See further discussion of price issues on page 6.)

6. ACCESSIBILITY TO PARTICIPANTS. Vendors must be located in an area accessible to WIC participants as described by the vendor selection plan.

7. COMPLIANCE WITH WIC AND FOOD STAMP REGULATIONS. A vendor's current and prior compliance with the WIC Program and USDA Food Stamp Program regulations will be considered.

8. VOLUME. The application of any food vendor who has redeemed fewer than 20 WIC vouchers in a given month may be denied.

9. AVAILABILITY OF OPENINGS. The number of stores and home delivery services selected will be limited based on the Local Program's vendor selection plan. If the number of otherwise eligible vendors, based on the above criteria, exceeds the number of openings available, not all of the vendors will be selected.

THE VENDOR SELECTION PROCESS (continued)

SIGNING OF AGREEMENTS

Vendors who have been awarded agreements for Fiscal Year 1988 must sign them by September 30, 1987. IT IS THE RESPONSIBILITY OF THE VENDOR TO COMPLY WITH THE ARRANGEMENTS MADE BY THE LOCAL WIC PROGRAM FOR SIGNING THE AGREEMENT.

FAIR HEARINGS

If an application is rejected for any reason except late submission and a vendor wishes to appeal the decision, the vendor must request a fair hearing by writing within 30 days of receiving the rejection letter, to the following address:

Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

HOW DOES THE WIC PROGRAM JUDGE PRICES?

Prices are a crucial factor in the decision whether to accept a vendor's application. Vendors whose prices may not be competitive are encouraged to offer lower prices on WIC-approved foods. (The Massachusetts WIC Program will then monitor the vendor's prices to ensure that these lower prices are actually used.)

If a WIC vendor application includes the "Mandatory Minimum" of WIC foods, as described later in this packet, and meets all the criteria, the Local WIC Program then determines whether the vendor's prices are competitive, using statewide guidelines. Food vendors' prices and pharmacies' prices are considered separately. To rank the food vendors' prices, the Local WIC Program determines a single "composite" price for each vendor. The composite price includes the prices of a wide variety of WIC foods, and takes into account that some foods are sold in a higher volume than others. The Local WIC Program then ranks the vendors according to their composite prices. Pharmacies' prices are similarly ranked, using a composite price for infant formulas.

In order for the price comparisons to be fair, the vendor must certify that the prices submitted as part of the application for the WIC vendor agreement include the HIGHEST AND LOWEST ACTUAL SHELF PRICES AT THAT LOCATION for July 1, 1987 - that is, the prices of the most and least expensive brands, as requested on the price list.

More detailed information about how the "composite price" is obtained will be available to the public after the application deadline. To obtain this information, write to:

Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

IMPORTANT: after an agreement is signed, the WIC Program will continue to review vendors' prices, using both the quarterly price reports and the prices submitted on vouchers. A vendor's agreement may be terminated at any time based on an unreasonable increase in prices, as set forth in the WIC vendor agreement. The prices included in the application will be important in determining whether price increases are reasonable.

WHAT IS THE "MANDATORY MINIMUM" FOR FOOD VENDORS?

In order for an application to be considered, the vendor must stock all ten (10) categories of the WIC foods as described below. These foods must be fresh, and there must be an adequate supply so that WIC participants are able to purchase them whenever the vendor is open for business.

A Mandatory Minimum Checklist is included for your convenience as Attachment A. WIC strongly recommends that you use this checklist to make sure your application is complete.

THE "MANDATORY MINIMUM" OF THE WIC FOODS IS:

A. JUICE

1. At least two (2) of the following types of 100% pure juice in bottles or cartons (at least one of which must be available in quart containers):

   - apple juice: West Lynn Creamery in cartons
   - grapefruit juice
   - orange juice

2. At least two (2) of the following types of 100% pure frozen juice:

   - apple juice: Seneca in red cans, DeMoulas, or Purity Supreme
   - grapefruit juice
   - orange juice
   - pineapple juice: Dole

3. At least two of the following types of 100% pure juice in 46-ounce cans:

   - apple juice - Lucky Leaf
   - grape juice - Welch's
   - grapefruit
   - orange
   - pineapple - Dole

4. A total of at least three different flavors of juice, in any combination of the above types (example: orange, apple and grape juice)

B. CHEESE

At least three (3) of the following types of cheese in packages that add up to 16 ounces (one pound):

American
Brick
Cheddar
Colby
Monterey Jack
Mozzarella - whole milk or part skim
Muenster
Provolone
Swiss

MANDATORY MINIMUM FOR FOOD VENDORS (cont.)

B. CHEESE (con't)

Only pure cheese may be purchased with WIC food vouchers. "Cheese food," "cheese food product," and "cheese spread" are not allowed. Deli cheese of the above types only is permitted.

C. CEREAL

At least five (5) of the following types and/or sizes of cereal:

(General Mills)	Corn Total - 10 oz.
(General Mills)	Kix - 9 oz.
(General Mills)	Total - 8 oz.
(General Mills)	Total - 12 oz.
(General Mills)	Total - 18 oz.
(Kellogg's)	Bran Flakes - 16 oz.
(Kellogg's)	Bran Flakes - 20 oz.
(Kellogg's)	Product 19 - 9.5 oz.
(Kellogg's)	Product 19 - 12 oz.
(Kellogg's)	Product 19 - 15.4 oz.
(Nabisco)	Cream of Wheat (Unflavored) - 10 oz. Mix and Eat
(Nabisco)	Cream of Wheat (Unflavored) - 14 oz.
(Nabisco)	Cream of Wheat (Unflavored) - 28 oz.
(Quaker)	Instant Oatmeal (Regular) - 12 oz.
(Standard Milling)	Maltex - 20 oz.
(Standard Milling)	Maypo (30 Second Oatmeal) - 14 oz.
(Standard Milling)	Maypo (Vermont Style) - 19 oz.

D. MILK

1. Whole milk in quarts and half-gallon containers AND
2. Liquid lowfat milk or liquid nonfat (skim) milk AND
3. 12 ounce cans of evaporated milk or one (1) pound boxes of dry milk.

E. EGGS

Grade A, large.

Eggs must be available in one dozen and in one-half dozen containers.

MANDATORY MINIMUM FOR FOOD VENDORS (cont.)

F. IRON-FORTIFIED INFANT FORMULA

1. Milk-based, 13 ounce concentrate, any brand, and
2. Soy-based, 13 ounce concentrate, any brand.

G. IRON-FORTIFIED INFANT CEREAL

Plain cereal, any type in eight (8) ounce packages, any brand. No added fruit.

H. INFANT JUICE

Any flavor, 4.2 ounce jars, any brand.

I. PEANUT BUTTER

18 ounce (one pound, two ounce) jars of plain peanut butter, smooth or chunky, any brand.

Peanut butter mixed with jelly, marshmallow, or other flavorings is not allowed.

J. DRIED PEAS OR BEANS

At least two (2) of the following types of dried peas and beans packaged in one (1) pound packages:

aduki beans	fava beans	pigeon peas
black beans	great northern beans	pink beans
black-eyed peas	kidney beans	pinto beans
chick peas/ garbanzo beans	lentils	soy beans
	large lima beans	green split peas
cow peas	mung beans	yellow split peas
cranberry beans	navy beans	small white beans
crowder beans	whole dried peas	yellow-eye peas

WHAT IS THE "MANDATORY MINIMUM" FOR PHARMACIES?

In order to be considered for a WIC vendor agreement, a pharmacy must stock all three (3) of the following categories of infant formulas: iron-fortified formula, low-iron formula, and special prescription formulas. The formulas must be fresh, and there must be an adequate supply so that WIC participants are able to purchase them whenever the pharmacy is open for business. Furthermore, the pharmacy must be willing and able to provide any of following special prescription infant formulas within 48 hours:

Ensure	Phenyl-Free	Product 3232A
Ensure Osmolite	PKU-1	RCF
Isocal	PKU-2	Sustacal
Lofenalac	Portagen	Sustagen
MSUD Diet Powder		

If a pharmacy wishes to provide WIC foods in addition to formulas, they must complete the food vendor application in addition to the pharmacy application.

A pharmacy Mandatory Minimum Checklist is included for your convenience as Attachment C. WIC strongly recommends that you use this checklist to make sure your application is complete.

THE "MANDATORY MINIMUM" OF THE WIC FOODS FOR PHARMACIES IS:

A. IRON-FORTIFIED INFANT FORMULA

All of the following:

1. Milk-based, 13 ounce concentrate - any brand
2. Soy-based, 13 ounce concentrate - any brand
3. Milk- or soy-based, one (1) pound can powdered - any brand, or soy-based, 14 ounce can powdered
4. Milk-based, 32 ounce ready-to-feed - any brand
5. Soy-based, 32 ounce ready-to-feed - any brand

B. LOW-IRON INFANT FORMULA

All of the following:

1. Milk-based, 13 ounce concentrate - any brand
2. Milk-based, 32 ounce ready-to-feed - any brand
3. Milk-based, one (1) pound can powdered - any brand

C. SPECIAL PRESCRIPTION INFANT FORMULA

Both of the following:

1. Nutramigen, one (1) pound can powdered
2. Pregestimil, one (1) pound can powdered

NOTICE TO HOME DELIVERY APPLICANTS

Since Federal regulations require much more extensive monitoring of home delivery services than stores, and thus more WIC resources are required for such monitoring, the WIC Program will give preference to stores, unless there is a specific need for home delivery in a given area.

Each local WIC Program determines the need, if any, for home delivery services, based on whether participants face hardship in access to stores in a given rural area, and whether the program has resources available for monitoring. No home delivery services will be authorized for non-rural areas. Home delivery applications are then evaluated according to standard WIC criteria, including price.

HOW TO FILL OUT THE WIC VENDOR APPLICATION

1. Select the appropriate application(s) and food price list included in this packet. Food vendors use the WIC Food Vendor Application (Attachment B). Pharmacies use the WIC Pharmacy Application (Attachment D).

2. PLEASE TYPE OR PRINT ALL ITEMS CLEARLY.

3. The WIC Program will not consider incomplete applications. Fill out all parts of the application and do not leave any questions blank.

4. You must list the names of all owners of the business (item 5 on the application). If the business is a corporation, give the corporate name in item 5 and list the names of the president, vice president, and treasurer in item 6. If there is more than one vice president, list the vice president who is chiefly responsible for the operation of the store.

5. It is important that the estimate of annual gross sales be as accurate as possible. Refer to the most recent state or federal income tax return for an accurate figure of gross annual sales. For vendors that have not been in business for one full year, estimate the annual gross sales using available figures. For your application to be considered, you must provide this information.

6. Complete the information at the top of the price list.

7. Fill out the price list carefully and completely. Do not estimate or project prices. The prices must reflect the HIGHEST ACTUAL SHELF PRICES on July 1, 1987, except where the lowest price is specifically requested. When the list does not specify the brand name of the WIC food item, select the brand with the HIGHEST price (unless lowest price is requested). We ask you for your ACTUAL SHELF PRICES for monitoring purposes, to evaluate prices charged by vendors, and to assess monetary claims against vendors who overcharge the WIC Program. Fill in the price of the item, and indicate in the space provided the brand name of the item used.

8. Each chain outlet must prepare its own price list, although the corporate office may sign the application. CHAIN STORE APPLICATIONS MAY NOT INCLUDE COPIES OF A PRICE LIST PREPARED BY THE CORPORATE OFFICE; THEY MUST INCLUDE EACH OUTLET'S ACTUAL PRICES.

9. IF A SPACE IS LEFT BLANK ON THE PRICE LIST, THE WIC PROGRAM WILL ASSUME THAT THE VENDOR DOES NOT CARRY THAT PARTICULAR FOOD ITEM. Use the "Mandatory Minimum Checklist" (Attachment A or C) to see if your price list is complete. Your application will be denied if you do not give prices for the Mandatory Minimum of foods.

10. Sign and date both the first page of the application(s) and the price list. THE APPLICATION AND PRICE LIST ARE INVALID IF THEY ARE NOT SIGNED.

11. The deadline for the local WIC program to receive the completed application is 4:00 P.M. on Wednesday, July 15, 1987.

ATTACHMENT A

"MANDATORY MINIMUM" CHECKLIST FOR FOOD VENDORS

Notice to food vendors: your application will be rejected if you do not carry all of these items as they are listed below. This checklist is for your use only. Do not attach it to the application. See "Mandatory Minimum" section above for details.

__/__ 1. Two types of juice in bottles or cartons (apple, grapefruit, or orange)

__/__ 2. Juice in quart bottles or cartons

__/__ 3. Two types of frozen juice (apple, grapefruit, orange or pineapple)

__/__ 4. Two types of juice in 46-ounce cans (apple, grape, grapefruit, orange, or pineapple)

__/__ 5. Three flavors of juice

__/__ 6. Three types of WIC cheese

__/__ 7. Cheese package sizes combine to add up to one (1) pound

__/__ 8. Five types and/or sizes of WIC cereal

__/__ 9. Whole milk in quart containers

__/__ 10. Whole milk in half gallon containers

__/__ 11. Liquid lowfat or liquid nonfat milk

__/__ 12. 12 ounce cans evaporated milk or 1 pound boxes dry milk

__/__ 13. Grade A large eggs

__/__ 14. Dozen and 1/2 dozen egg containers

__/__ 15. Infant formula with iron, 13 ounce concentrate - milk-based

__/__ 16. Infant formula with iron, 13 ounce concentrate - soy-based

__/__ 17. 8 ounce packages plain iron-fortified infant cereal

__/__ 18. 4.2 ounce jars infant juice

__/__ 19. 18 ounce jars of peanut butter

__/__ 20. Two types of dried peas or beans in one (1) pound packages

MASSACHUSETTS WIC PROGRAM

ATTACHMENT B

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN

FISCAL YEAR 1988

FOOD VENDOR APPLICATION

INCOMPLETE APPLICATIONS WILL BE REJECTED

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND COMPLETE ALL ITEMS

1. STORE/DAIRY NAME _____
2. STREET _____
   CITY _____ STATE _____ ZIP _____
3. MAILING ADDRESS (If different from above)
   _____
4. TELEPHONE _____ extension (If any)_____
5. OWNER(S) OR CORPORATE NAME _____
6. NAMES OF OFFICERS (If corporation)
   President _____
   Vice President _____ Treasurer _____
7. MANAGER (If different from owner) _____
8. PERSON AT STORE RESPONSIBLE FOR WIC _____
9. TYPE OF FOOD VENDOR (check one) ____ Independent ____ food cooperative ____ franchise
   ____ chain outlet (5 stores or fewer) ____ chain outlet (more than 5 stores) ____ dairy truck

All vendors: 10. ANNUAL GROSS SALES $ _____

11. HOURS OF BUSINESS: Weekdays _____ Saturday _____ Sunday _____

Stores only: 12. NUMBER OF CHECKOUT AISLES _____

Home delivery only: 13. TOWNS/NEIGHBORHOODS SERVED _____
_____

14. HOW LONG HAVE YOU OPERATED THIS BUSINESS AT THE PRESENT SITE? _____
15. HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME? _____ IF YES, WHAT WAS THE NAME OF THE BUSINESS, AND WHEN WAS IT IN OPERATION? _____
16. DOES THIS STORE/DAIRY NOW PARTICIPATE IN THE FOOD STAMP PROGRAM? _____
17. HAS THIS STORE/DAIRY EVER RECEIVED A WARNING, BEEN SUSPENDED, DISQUALIFIED, OR HAD A CIVIL MONEY PENALTY ASSESSED AGAINST IT BY THE WIC OR FOOD STAMP PROGRAMS? _____ IF YES, PLEASE STATE WHEN AND EXPLAIN WHY _____
18. NAME OF BANK WHERE WIC VOUCHERS WOULD BE DEPOSITED _____
19. ACCOUNT NUMBER AT THIS BANK _____

To the best of my knowledge, all of the information given above and on attached price list is correct. The prices are the ACTUAL SHELF PRICES for July 1, 1987. I understand that should my store be accepted for a WIC vendor agreement, I will be bound by WIC Program regulations and policies including, but not limited to:

1. filling in correct prices on vouchers at time of purchase;
2. attending vendor education sessions;
3. training employees about WIC procedures;
4. submitting timely accurate quarterly price lists of WIC foods to the WIC Program;
5. being periodically monitored.

I understand that this is only a request for a WIC vendor agreement, and does not constitute an agreement.

Name _____ Title _____

SIGNATURE, PRICE LIST Date _____

WIC OFFICE USE ONLY

Date received _____ Complete? _____

Application accepted ____

Application denied ____ Check reason(s)

1. ____ late
2. ____ incomplete
3. ____ inaccurate application
4. ____ no mandatory minimum
5. ____ high prices
6. ____ not accessible to participants
7. ____ WIC non-compliance history
8. ____ Food Stamp non-compliance history
9. ____ low volume

This institution is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, sex, or handicap, write to the Secretary of Agriculture, Washington, D.C. 20250.

MASSACHUSETTS WIC PROGRAM FY 1988

FOOD VENDOR PRICE LIST	LOCAL WIC PROGRAM
VENDOR NAME _____	
ADDRESS _____ TELEPHONE _____	

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1987 (UNLESS LOWEST PRICES REQUESTED). USE BLACK INK.

JUICE

BOTTLE OR CARTON	QUART	BRAND	1/2 GAL.	BRAND
APPLE	—	—		West Lynn Creamery - cartons
GRAPEFRUIT				
ORANGE Highest				
ORANGE Lowest			—	—

FROZEN	6 OZ.	BRAND	12 OZ.	BRAND
APPLE		DeMoulas		DeMoulas
		Purity Supreme		Purity Supreme
		Seneca - red cans		Seneca - red cans
GRAPEFRUIT				
ORANGE				
PINEAPPLE		Dole		Dole

CAN	46 OZ.	BRAND
APPLE		Lucky Leaf
GRAPE		Welch's
GRAPEFRUIT		
ORANGE		
PINEAPPLE		Dole

CHEESE

	6 OZ.	8 OZ.	10 OZ.	16 OZ.	WIC USE
AMERICAN					
BRICK					
CHEDDAR					
COLBY					
MONTEREY JACK					
MOZZARELLA Whole Milk					
MOZZARELLA Part Skim					
MUENSTER					
PROVOLONE					
SWISS					
WIC USE: TOTALS					
WIC USE: AVERAGE PER OZ.					

CEREAL

	OUNCES	
Kellogg's BRAN FLAKES	16	
	20	
Post Natural BRAN FLAKES	16	
CHEERIOS	7	
	10	
	15	
	20	
CREAM OF WHEAT - Unflavored	12 Mix & Eat	
	14	
	28	
Quaker INSTANT OATMEAL - Regular	12	
JUST RIGHT - All Grain	10.5	
KIX	9	
MALTEX	20	
MAYPO - 30 Sec. Oatmeal	14	
MAYPO - Vermont Style	19	
PRODUCT 19	8.5	
	12	
	15.4	
TEAM FLAKES	13	
	18	
TOTAL	8	
	12	
	18	
TOTAL CORN FLAKES	10	
WIC USE: TOTALS		
WIC USE: AVERAGE PER OZ.		

MORE

FOOD VENDOR PRICE LIST, CONTINUED. MASSACHUSETTS WIC PROGRAM

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1987 (UNLESS LOWEST PRICES REQUESTED). USE BLACK INK.

SIGN BELOW

FLUID MILK

	QUART	BRAND	1/2 GAL.	BRAND	GALLON	BRAND
WHOLE Highest						
WHOLE Lowest			———	———	———	———
LOWFAT						
NONFAT (SKIM)						

EGGS

	GRADE A LARGE
1 DOZEN	
1/2 DOZEN	

DRY MILK

	1 LB.	BRAND
WHOLE		
LOWFAT		
NONFAT (SKIM)		

EVAPORATED MILK

	12 OZ.	BRAND
WHOLE		
SKIM		

INFANT FORMULA

MILK BASED	13 OZ. CONCENTRATE	32 OZ. READY-TO-FEED	1 LB. POWDER
ENFAMIL with Iron			
SIMILAC with Iron			
SMA with Iron			
ENFAMIL lo-Iron			
SIMILAC lo-Iron			
SMA lo-Iron			

SOY BASED	13 OZ. CONCENTRATE	32 OZ. READY-TO-FEED	POWDER
ISOMIL			14 OZ.
ISOMIL SF			———
NURSOY			16 OZ.
PROSOBEE			14 OZ.
I-SOYALAC			———
SOYALAC			14 OZ.

INFANT CEREAL

	7 OZ.	BRAND	8 OZ. IRON-FORTIFIED	BRAND	16 OZ. IRON-FORTIFIED	BRAND
HIGHEST	———	———				
LOWEST	———	———				
TOASTED OAT RINGS		GERBER				

INFANT JUICE

	4.2 OZ. JAR	BRAND
HIGHEST		
LOWEST		

PEANUT BUTTER

	18 OZ.	BRAND
HIGHEST		
LOWEST		

DRIED PEAS OR BEANS

1 LB. PKG.	TYPE PEA/BEAN

I CERTIFY THAT THE PRICES ON BOTH PAGES OF THIS PRICE LIST ARE THE ACTUAL SHELF PRICES FOR JULY 1, 1987. ALL PRICES ARE HIGHEST PRICES EXCEPT WHERE LOWEST PRICES ARE SPECIFIED.

SIGNATURE _____ DATE _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

ATTACHMENT C

"MANDATORY MINIMUM" CHECKLIST FOR PHARMACIES

Notice to pharmacies: your application will be rejected if you do not carry all of these items as they are listed below. This checklist is for your use only. Do not attach it to the application. See "Mandatory Minimum" section above for details.

/ / 1. Milk-based iron-fortified infant formula, 13 ounce concentrate

/ / 2. Milk-based low-iron infant formula, 13 ounce concentrate

/ / 3. Milk-based iron-fortified infant formula, 32 ounce ready-to-feed

/ / 4. Milk-based low-iron infant formula, 32 ounce ready-to-feed

/ / 5. Milk-based low-iron infant formula, 1 pound can powdered

/ / 6. Soy-based iron-fortified infant formula, 13 ounce concentrate

/ / 7. Soy-based iron-fortified infant formula, 32 ounce ready-to-feed

/ / 8. Iron-fortified infant formula, 1 pound can powdered (milk or soy) or 14 ounce can powdered (soy)

/ / 9. Nutramigen and Pregestimil, 1 pound cans powdered

MASSACHUSETTS WIC PROGRAM

ATTACHMENT D

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN

FISCAL YEAR 1988
PHARMACY APPLICATION

INCOMPLETE APPLICATIONS WILL BE REJECTED

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND COMPLETE ALL ITEMS

1. PHARMACY NAME _____
2. STREET _____
   CITY _____ STATE _____ ZIP _____
3. MAILING ADDRESS (If different from above)
   _____
4. TELEPHONE _____ extension (If any)_____
5. OWNER(S) OR CORPORATE NAME _____
   _____
6. NAMES OF OFFICERS (If corporation)
   President _____
   Vice President _____ ____ Treasurer _____
7. MANAGER (If different from owner) _____
8. PERSON AT STORE RESPONSIBLE FOR WIC _____
9. TYPE OF PHARMACY (check one)
   ____ chain pharmacy ____ franchise ____ independent pharmacy ____ pharmacy section of a larger store
10. ANNUAL GROSS SALES $ _____
11. HOURS OF BUSINESS weekdays _____ Saturday _____ Sunday _____
12. HOW LONG HAVE YOU OPERATED THIS BUSINESS AT THE PRESENT SITE? _____
13. HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME? _____ IF YES, WHAT WAS THE NAME OF THE BUSINESS, AND WHEN WAS IT IN OPERATION? _____
14. DOES THIS PHARMACY NOW PARTICIPATE IN THE FOOD STAMP PROGRAM? _____
15. HAS THIS PHARMACY EVER RECEIVED A WARNING, BEEN SUSPENDED, DISQUALIFIED, OR HAD A CIVIL MONEY PENALTY ASSESSED AGAINST IT BY THE WIC OR FOOD STAMP PROGRAMS? _____ IF YES, PLEASE STATE WHEN AND EXPLAIN WHY _____
    _____
16. NAME OF BANK WHERE WIC VOUCHERS WOULD BE DEPOSITED _____
17. ACCOUNT NUMBER AT THIS BANK _____

WIC OFFICE USE ONLY

Date received _____ Complete? _____

Application accepted ____

Application denied ____ Check reason(s)

1. ____ late
2. ____ incomplete
3. ____ inaccurate application
4. ____ no mandatory minimum
5. ____ high prices
6. ____ not accessible to participants
7. ____ WIC non-compliance history
8. ____ Food Stamp non-compliance history

To the best of my knowledge, all of the information given above and on attached price list is correct. The prices are the HIGHEST ACTUAL SHELF PRICES for July 1, 1987. I understand that should my pharmacy be accepted for a WIC vendor agreement, I will be bound by WIC Program regulations and policies including, but not limited to:

1. filling in correct prices on vouchers at time of purchase;
2. attending vendor education sessions;
3. training employees about WIC procedures;
4. submitting timely accurate quarterly price lists of WIC foods to the WIC Program;
5. being periodically monitored.

I understand that this is only a request for a WIC vendor agreement, and does not constitute an agreement.

Print _____ Title _____

Signature of Owner, Partner or Officer _____ Date _____

All WIC Programs are Equal Opportunity Employers. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

MORE

MASSACHUSETTS WIC PROGRAM FY 1988

PHARMACY PRICE LIST	LOCAL WIC PROGRAM
PHARMACY NAME _____	
ADDRESS _____ TELEPHONE _____	

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1987 USE BLACK INK. SIGN BELOW.

REGULAR INFANT FORMULA

MILK BASED	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	1 lb. POWDER
ENFAMIL with Iron			
SIMILAC with Iron			
SMA with Iron			
ENFAMIL lo-Iron			
SIMILAC lo-Iron			
SMA lo-Iron			

SOY BASED	13 oz. CONCENTRATE	32 oz. READY-TO-FEED	POWDER
ISOMIL			14 oz.
ISOMIL SF			———
NURSOY			16 oz.
PROSOBEE			14 oz.
I-SOYALAC			———
SOYALAC			14 oz.

SPECIAL PRESCRIPTION INFANT FORMULAS

	32 OZ READY-TO-FEED	3.8 LB POWDER	4/1.9 OZ POWDER
SUSTACAL			
SUSTAGEN	1 LB POWDER	2.5 LB POWDER	5 LB POWDER
ENSURE	32 OZ READY-TO-FEED	14 OZ POWDER	
ENSURE OSMOLITE	32 OZ READY-TO-FEED		
ISOCAL	32 OZ READY-TO-FEED		
LOFENALAC	2.5 LB POWDER		
MSUD DIET POWDER	2.5 LB POWDER		
NUTRAMIGEN	1 LB POWDER		

	2.5 LB POWDER
PHENYL-FREE	
PKU-1	500 GR. POWDER
PKU-2	500 GR. POWDER
PORTAGEN	1 LB POWDER
PREGESTIMIL	1 LB POWDER
PRODUCT 3232A	1 LB POWDER
RCF	13 OZ CONCENTRATE

I CERTIFY THAT THE PRICES ON THIS LIST ARE THE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1987.

SIGNATURE _____ DATE _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

RECEIVING VENDOR APPLICATIONS

DO NOT ACCEPT VENDOR APPLICATIONS AFTER THE STATED DEADLINE.

WHEN YOU RECEIVE A COMPLETED APPLICATION

1. Date and initial each application as you receive it.
2. Give written receipts to vendors who request them.
3. Send a copy of the application to the state WIC office within one week of the application deadline.

LATE APPLICATIONS

Do not accept late applications. Return them to the vendor with a "LATE APPLICATION LETTER" and keep a copy of the letter for your files.

VENDOR SELECTION

SELECT VENDORS THAT:

1. SUBMIT TIMELY, COMPLETE AND ACCURATE APPLICATIONS
2. MEET THE MANDATORY MINIMUM OF WIC FOODS
3. HAVE THE LOWEST COMPOSITE PRICES
4. ARE ACCESSIBLE TO WIC PARTICIPANTS
5. COMPLY WITH WIC PROGRAM AND FOOD STAMP REGULATIONS
6. ACCEPT AT LEAST 20 VOUCHERS PER MONTH (FOR FOOD STORES; MAY BE WAIVED IF PARTICIPANTS NEED ACCESS TO THE STORE)
7. MEET THE NEEDS OF YOUR VENDOR SELECTION PLAN

Follow these steps when selecting vendors:

1. Review the applications submitted by the deadline for completeness, accuracy and for compliance with other selection criteria.

   See the PRELIMINARY REVIEW OF VENDOR APPLICATIONS section of this Procedure Manual.

2. Review the applications for the Mandatory Minimum of WIC foods.

   See THE MANDATORY MINIMUM section of this Procedure Manual.

3. Complete a vendor review of each new applicant before selecting her/him.

   See the PRE-SELECTION VENDOR REVIEWS section of this Procedure Manual.

4. Compute a composite price for each applicant. Rank all food vendors and all pharmacies within the areas specified on your Vendor Selection Plan.

   See the DETERMINING COMPOSITE PRICES FOR VENDORS section of this Procedure Manual.

5. Choose vendors sequentially, starting with the lowest priced vendor. Select the number of vendors stated in your Vendor Selection Plan, choosing the lowest priced vendor(s) for each part of your selection plan (food vendors, pharmacies, etc.).

PRELIMINARY REVIEW OF VENDOR APPLICATIONS

DURING THE PRELIMINARY REVIEW:

1. CHECK TO MAKE SURE THE APPLICATION IS COMPLETE, ACCURATE, SIGNED AND DATED.

   - GIVE VENDORS FIVE DAYS TO COMPLETE APPLICATIONS WHICH ARE INCOMPLETE OR WHICH LACK THE MANDATORY MINIMUM.

   - REJECT ANY APPLICATION RESUBMITTED LATER THAN THE DEADLINE FOR RESUBMITTAL.

2. CHECK WHETHER THE VENDOR HAS BEEN DISQUALIFIED FROM FOOD STAMPS AS OF THE FIRST DAY OF THE UPCOMING FISCAL YEAR. IF SO, DO NOT CONSIDER HER/HIM FOR WIC AUTHORIZATION.

3. CHECK WHETHER THE VENDOR HAS AN OUTSTANDING MONETARY CLAIM LEVELED AGAINST HER/HIM BY THE STATE WIC OFFICE. IF SO, DO NOT AUTHORIZE HER/HIM.

4. CHECK TO SEE IF ANY FOOD STORE IS A LOW-VOLUME WIC VENDOR. IF SO, YOU MAY DENY THE APPLICATION.

THE PRELIMINARY REVIEW

The purpose of the preliminary review is to make sure you have all the information you need to accurately assess the applicant, and to ascertain whether the vendor may be eliminated from further consideration due to low volume, Food Stamp disqualification, or an outstanding monetary claim made by the state WIC office.

1. Review all applications for completeness as soon as you receive them. If any part of an application is not filled out, or if the vendor does not meet the Mandatory Minimum, make a copy of the incomplete application and return the original to the vendor. Do not fill in any blanks on the application yourself.

   Tell the vendor s/he has until 4:00 pm on the 5th working day after receiving the application back to return the completed application to you, or it will be rejected.

IMPORTANT: Applicants must stock the Mandatory Minimum as of the date of application. Do not count as part of the Mandatory Minimum any foods which a store plans to carry if accepted by WIC.

2. Check with the state WIC office to make sure the vendor has not been disqualified from Food Stamps for a period extending past September 30. If s/he has, DO NOT consider him/her for WIC authorization.

3. If the state WIC office has notified you that the vendor has an outstanding monetary claim made against her/him, do not authorize the vendor.

4. If any food vendor applicant has redeemed fewer than 20 WIC vouchers in a given month, you may deny the vendor's application, taking into consideration participant need, if any, for access to this vendor.

5. Check the vendor's hours of operation. If they may cause problems for participants, contact the state WIC office for guidance.

If you have any other questions about the vendor's application (e.g., some information appears to be inaccurate), contact the state WIC office for guidance.

THE MANDATORY MINIMUM

TO RECEIVE WIC AUTHORIZATION, A VENDOR MUST CARRY EACH ITEM OF THE MANDATORY MINIMUM OF WIC FOODS.

The Mandatory Minimum guarantees that participants can purchase an entire voucher's worth of food from the vendor at any time, and that s/he will have choices when purchasing that food. The foods must also be fresh and in adequate supply.

There are Mandatory Minimum criteria for food vendors and for pharmacies. For copies, see the WIC Vendor Application Packet in the VENDOR APPLICATIONS section of this Procedure Manual.

REVIEWING VENDOR APPLICATIONS FOR THE MANDATORY MINIMUM

1. Complete a FOOD VENDOR MANDATORY MINIMUM CHECKLIST for each food vendor. Copies of this form are sent directly to you by the state WIC office at the beginning of the vendor contracting period.

2. Complete a PHARMACY MANDATORY MINIMUM CHECKLIST for each pharmacy. Copies of this form are sent directly to you by the state WIC office at the beginning of the vendor contracting period.

3. If the food vendor or pharmacy does not meet all of the requirements of the Mandatory Minimum, the application is incomplete.

   SEE PRELIMINARY REVIEW OF VENDOR APPLICATIONS.

DETERMINING COMPOSITE PRICES

IN ORDER TO RECEIVE WIC AUTHORIZATION, VENDORS MUST HAVE COMPETITIVE PRICES.

DETERMINE A COMPOSITE PRICE FOR EACH QUALIFIED FOOD VENDOR AND PHARMACY APPLICATION, USING THE SHELF PRICES SUBMITTED ON THE APPLICATION.

IN ORDER FOR PRICE COMPARISONS TO BE ACCURATE, MAKE SURE ALL SHELF PRICES ARE FROM JULY 1.

RANK FOOD VENDORS AND PHARMACIES SEPARATELY, ACCORDING TO THEIR COMPOSITE PRICES. YOU MAY RANK VENDORS BY AREA WITHIN YOUR CATCHMENT AREA.

The composite price formula multiplies the prices of the most commonly purchased WIC foods by a weighting factor based on the volume of WIC sales for that food. Therefore, the composite price tells you each vendor's relative cost to WIC.

FOOD VENDORS

Use the "FOOD VENDOR COMPOSITE PRICE CALCULATION" worksheet to determine a composite price for each vendor that meets the preliminary qualifications outlined in the previous two sections. This form is sent to you by the state WIC office at the beginning of each contracting period.

Fill in the "FOOD VENDOR COMPOSITE PRICE CALCULATION" sheet with the information on the Food Vendor Price List submitted with the vendor's application.

1. VENDOR NAME AND LOCATION

2. LOCAL WIC PROGRAM

3. UNIT PRICE Fill in the price of the item in the quantity specified in the UNIT column:

   Juice — Add together the highest and lowest prices for 1 quart of orange juice in bottles or cartons, and divide by 2.

   Cheese — Multiply the package size at the top of each column (6 oz, etc.) by the number of prices filled in in that column. Fill in the total at the bottom of each column. Add the totals across to find the total number of ounces.

Add up all prices for each type of cheese and put the total in the right-hand column. Add up the totals in the right hand column and put the grand total at the bottom.

To get the average price per ounce, divide the total cheese price by the total number of ounces.

Cereal — Add up the number of ounces for all cereals with prices listed, and put the total at the bottom of the column.

Add all the prices listed in the next column and put the total at the bottom of the column.

To get the average price per ounce, divide the total price by the total ounces.

Milk — Add together the highest and lowest prices for 1 quart of whole milk and divide the total by 2.

Eggs — Write the price for 1 dozen Grade A large eggs.

Infant Formula — Add together the highest and lowest prices for a 13 ounce can of concentrated milk-based formula with iron, and divide by 2.

Infant Cereal — Add together the highest and lowest prices for an 8 ounce package of infant cereal, and divide by 2.

Infant Juice — Add together the highest and lowest prices for a 4.2 ounce jar of infant juice, and divide by 2.

Peanut Butter — Add together the highest and lowest prices for an 18 ounce jar and divide by 2.

NOTE: If the vendor lists only one price because s/he only carries one brand, use that price for the average.

4. MULTIPLIER Multiply the unit price by this number.

5. TOTAL Write the result of the last step here, in dollars and whole cents. Round up any numbers of 1/2¢ or higher to the next cent, and round down any numbers less than 1/2¢.

6. GRAND TOTAL Add all totals.

7. RANK: ____ of ____ After you've completed a "FOOD VENDOR COMPOSITE PRICE CALCULATION" for each vendor, sort them by GRAND TOTAL, highest first, for each area specified in your Vendor Selection Plan. Then fill in the first blank with "1" (for the highest-priced vendor), "2" (for the second highest), etc.

   Fill in the second blank with the total number of vendors ranked (the same number on all sheets for each area).

7. Staff Signature/Title/Date

PHARMACIES

Use the "PHARMACY COMPOSITE PRICE CALCULATION" worksheet to determine a composite price for each pharmacy that meets the preliminary qualifications outlined in the previous two sections. This form is sent to you by the state WIC office.

Fill in the "PHARMACY COMPOSITE PRICE CALCULATION" sheet with the information on the Pharmacy Price List submitted with the vendor application.

1. VENDOR NAME AND LOCATION

2. LOCAL WIC PROGRAM

3. UNIT PRICE Fill in the average of the highest and lowest prices given for each type of formula:

Milk-based infant formula with iron	13 ounce concentrate
Milk-based infant formula, low iron	13 ounce concentrate
Milk-based infant formula with iron	32 ounce ready-to-feed
Soy-based infant formula	13 ounce concentrate

NOTE: If the vendor lists only one price because s/he only carries one brand, use that price for the average.

4. MULTIPLIER Multiply the unit price by this number.

5. TOTAL Write the result of the last step here, in dollars and whole cents. Round up any numbers of 1/2¢ or higher to the next cent, and round down any numbers less than 1/2¢.

6. GRAND TOTAL Add all totals.

7. RANK: of After you've completed a "FOOD VENDOR COMPOSITE PRICE CALCULATION" for each vendor, sort them by GRAND TOTAL, highest first, for each area in your Vendor Selection Plan. Then fill in the first blank with "1" (for the highest-priced vendor), "2" (for the second highest), etc.

   Fill in the second blank with the total number of vendors ranked (the same number on all sheets).

8. STAFF SIGNATURE / TITLE / DATE

FOOD CO-OPS

Since food co-ops normally have different prices for members and non-members, have them submit separate price lists for members and non-members and use the average of these prices to determine the composite price.

This formula is based on the assumption that half of the co-op's WIC customers are members. If the co-op can show that more than 50% of their WIC customers are working members (and therefore, WIC prices will be lower), have them submit documentation to you and weight the two price lists accordingly.

HOME DELIVERY

For purposes of composite price calculation, consider Home Delivery applicants as a separate category and rank them against each other only.

PRE-SELECTION VENDOR REVIEWS

CONDUCT AN ON-SITE REVIEW OF ALL NEW APPLICANTS BEFORE SELECTING THEM AS WIC VENDORS. GIVE THEM 5 DAYS TO CORRECT ANY PROBLEMS.

ALSO VISIT ANY STORES PREVIOUSLY AUTHORIZED WHERE YOU SUSPECT PROBLEMS SUCH AS FALSE PRICES ON THE APPLICATION.

Use the "VENDOR REVIEW FORM" included in the Originals Packet for pre-selection reviews.

** If you discover that the vendor has provided false information on the application, contact the state WIC office for guidance.

** If you find problems whose points add up to a Sanction Score of 10 or more, notify the vendor that the problems must be corrected in 5 days or the application will be denied; then visit the store to verify if the situation is corrected. If not, deny the application.

** If you find problems meriting a Sanction Score below 10, notify the vendor of the problems, accept the application, and continue to monitor the vendor's performance.

SPECIAL VENDOR SELECTION SITUATIONS

FOLLOW GUIDELINES FOR SPECIAL VENDOR SELECTION SITUATIONS IF:

1. YOU ARE A BOSTON PROGRAM AND PART OF A COLLECTIVE SELECTION PROCESS
2. YOU NEED HOME DELIVERY TO SERVICE RURAL PARTICIPANTS
3. YOUR AREA IS UNDER-SERVED BY VENDORS AND YOU NEED TO RE-OPEN THE APPLICATION PROCESS
4. THE OWNERSHIP OR LOCATION OF AN AUTHORIZED VENDOR CHANGES.

In all the situations listed above, the the application process is the same and you use the standard applications and letters, but the selection procedure varies. See the following sections for details.

BOSTON VENDORS

SOME BOSTON PROGRAMS WORK COLLECTIVELY ON SELECTING AND AUTHORIZING VENDORS.

If your catchment area includes certain parts of Boston, you may meet with other Boston program directors to jointly select vendors and to define the area within which this will take place.

Each program accepts applications and prepares composite prices, and then all programs meet to rank prices for vendors within the defined area and to select vendors to be authorized. They also allocate responsibilities for educating vendors, signing vendor agreements and monitoring.

HOME DELIVERY

AUTHORIZE HOME DELIVERY VENDORS ONLY IN RURAL AREAS AND ONLY IF:

- FOOD VENDORS ARE INACCESSIBLE OR DIFFICULT FOR PARTICIPANTS TO USE
- YOU HAVE THE RESOURCES TO MONITOR HOME DELIVERY SERVICES.

AUTHORIZED HOME DELIVERY VENDORS MAY NOT PROVIDE SERVICES IN URBAN AREAS.

Authorize home delivery services only in rural areas and only in areas where participants have difficulty using authorized stores.

HOME DELIVERY PROCEDURES

In home delivery, participants make arrangements with a home delivery service to deliver WIC foods throughout the month, instead of purchasing them at an authorized vendor.

DETERMINING NEED FOR HOME DELIVERY

Since federal regulations require much more extensive monitoring of home delivery services than stores, give first preference to stores wherever possible, unless there is a specific need for home delivery in a certain area.

Base your decision on whether participants will face hardship in using stores and whether you have the resources to monitor home delivery services. See the section on HOME DELIVERY MONITORING for more information.

RE-OPENING VENDOR APPLICATIONS

RE-OPEN THE VENDOR APPLICATION AND SELECTION PROCESS ONLY WITH WRITTEN PERMISSION FROM THE STATE WIC OFFICE.

If you cannot meet your vendor needs as you have stated them in your selection plan, you may re-open your area (or part of your area) for vendor applications if:

- You have received an insufficient number of applications from qualified vendors,
- You originally selected enough vendors to participate, but some of those vendors are no longer authorized (for example, vendors that have gone out of business or been disqualified from the WIC Program), or
- Your caseload has changed so that your original vendors no longer effectively serve your participants.

RE-OPENING YOUR AREA FOR VENDOR APPLICATIONS

1. Write a letter to the state WIC office requesting permission to re-open applications for an underserved area. Include an estimate of the number of vendors needed to adequately serve this area, according to your vendor selection plan.
2. Establish a new deadline for accepting applications, have it approved by the state WIC office, and follow standard application and selection procedures.
3. Notify previously rejected vendors that they may apply again if they have corrected previous problems.
4. Use a variety of means to contact potential WIC vendors in your community so that you receive enough applications to meet your program's needs.

CHANGE IN VENDOR OWNERSHIP OR LOCATION

IF A CURRENTLY AUTHORIZED VENDOR CHANGES OWNERSHIP OR LOCATION DURING A WIC AUTHORIZATION PERIOD, HIS/HER AUTHORIZATION IS NO LONGER VALID

The WIC Vendor Agreement states that the vendor is required to give you thirty days written notice prior to a change in the ownership or location of the business.

If the vendor's new owner or owner of new location applies for WIC vendor authorization in the middle of the contract year, you may grant authorization using the procedure below. The new vendor's authorization begins on the date that you sign the agreement, and lasts until the end of the contract year.

Visit all stores with new owners or new locations before you authorize them.

APPLICATION AND SELECTION FOR A NEW OWNER

1. Retrieve the stamp from the previous owner and mail it back to the state WIC office within one week.

2. Order a stamp for the new vendor (or applicant) as early as possible to avoid delays.

3. Give the new vendor a Vendor Application Packet. At the beginning and end of the price list, change the date to the one on which you wish the price list to be completed. Revise the "ACTUAL SHELF PRICES" date at the bottom of the application.

4. Have the vendor review the application packet and fill out the application completely.

5. Visit the vendor, check prices, and complete a "VENDOR REVIEW FORM".

6. Compute a Composite Price for the new vendor and for the previous vendor's most recent quarterly price list.

7. If the new vendor's prices are comparable, you may authorize her/him for participation in the WIC Program. If in doubt, compare the applicant's price list to those of current vendors.

8. If the prices have increased significantly, you are not required to authorize the store. If this leaves the area underserved, consider re-opening the application process.

APPLICATION AND SELECTION FOR A NEW LOCATION

** Decide whether the new location is consistent with the requirements of your Vendor Selection Plan. Consult with the state WIC office if you are not sure.

- o If the answer is yes, follow steps 3-8 above. If the vendor is authorized, s/he may continue to use the same stamp. Submit a Type 2 input to change the address. If the vendor is not authorized, make sure you retrieve the stamp promptly and mail it back to the state WIC office within one week of denial of re-authorization.

- o If the answer is no, retrieve the stamp from the vendor and return it to the state WIC office within one week of learning the new location. If this leaves the area underserved, consider re-opening the application process.

VENDOR ACCEPTANCE AND REJECTION

NOTIFY EACH APPLYING VENDOR OF HER/HIS ACCEPTANCE OR REJECTION BY THE END OF AUGUST.

MAKE SURE ACCEPTANCE AND REJECTION LETTERS ARE POSTMARKED BY THE DEADLINE FOR NOTIFICATION.

SEND LETTERS OF ACCEPTANCE OR REJECTION BY CERTIFIED MAIL, OR HAND-DELIVER THEM AND OBTAIN A RECEIPT.

KEEP ONE COPY OF EACH ACCEPTANCE OR REJECTION LETTER IN THE VENDOR'S FILE.

EXPLAIN TO REJECTED APPLICANTS THE REASON FOR REJECTION.

Send a "VENDOR ACCEPTANCE LETTER" or a "VENDOR REJECTION LETTER" to each vendor from whom you received an application.

If you mail acceptance and rejection letters, make sure they are postmarked by the deadline for notification of acceptance. If you hand-deliver them, make sure you deliver them on or before the deadline.

Keep a copy of all acceptance and rejection letters in the vendor's file.

See OFFICE VENDOR FILES for more information.

Send a copy of all letters to the state WIC office by September 7. (The state WIC office will not issue a Vendor Authorization Stamp for any vendor for whom they have not received an acceptance letter.)

ACCEPTANCE LETTERS

If a pharmacy has applied as both a pharmacy and a food vendor and you are accepting them as a pharmacy but denying their food vendor application, make it clear in their acceptance letter that they are only authorized as a pharmacy and may only accept vouchers for foods other than infant formula.

REJECTION LETTERS

Indicate in the rejection letter all the reasons for which you rejected the vendor's application. Many vendors request Fair Hearings because they do not understand the reason for denial. Taking the time to carefully explain the reason(s) for denial helps to maintain good community relations and to avoid unnecessary Fair Hearings, especially when the reason for rejection is an issue related to price or to the Vendor Selection Plan.

THE WIC VENDOR STAMP

THE WIC VENDOR STAMP IS A RUBBER STAMP BEARING A 4-DIGIT NUMBER IDENTIFYING THE VENDOR.

ONLY CURRENTLY AUTHORIZED WIC VENDORS WITH A VALID WIC VENDOR AGREEMENT ARE ALLOWED TO HAVE A WIC VENDOR STAMP.

EACH YEAR THE STATE WIC OFFICE ISSUES A RE-DESIGNED WIC VENDOR STAMP TO GUARANTEE THAT VENDORS NOT AUTHORIZED FOR THE NEW FISCAL YEAR WILL NOT BE REIMBURSED FOR VOUCHERS SUBMITTED BEYOND THE EXPIRATION DATE OF THEIR FORMER WIC AGREEMENT.

COLLECT OLD VENDOR STAMPS FROM VENDORS NOT AUTHORIZED FOR THE NEW FISCAL YEAR BY OCTOBER 1. THEY ARE NOT ALLOWED TO ACCEPT VOUCHERS AFTER SEPTEMBER 30.

COLLECT OLD VENDOR STAMPS FROM VENDORS AUTHORIZED FOR THE NEW FISCAL YEAR AT THE VENDOR AUTHORIZATION AND EDUCATION SESSION, AND DISTRIBUTE NEW VENDOR STAMPS THEN.

ISSUE ONLY ONE STAMP PER VENDOR.

RETURN OLD VENDOR STAMPS TO THE STATE WIC OFFICE BY OCTOBER 7 OF EACH YEAR.

The WIC Vendor Stamp is a rubber stamp bearing a 4-digit number that identifies a vendor and allows her/him to validate WIC vouchers for deposit in the bank. Vouchers are invalid unless stamped with a vendor stamp.

The vendor stamp makes it possible to determine which vendor redeemed a particular voucher. The first two digits identify the local WIC program holding the agreement with the vendor, and the last two digits identify the individual vendor.

Vendors are allowed to keep and use the vendor stamp only for the duration of their WIC Vendor Agreement. Collect the stamp when the vendor's agreement expires or when the vendor is no longer authorized to participate on the WIC Program.

COLLECTING OLD VENDOR STAMPS

Send each vendor that does not receive WIC authorization for the upcoming fiscal year a "RETURN OF STAMP LETTER".

Vendors have until the close of business on October 1 to return their old Vendor Stamps to your office. If the stamp is not returned by that time, visit the vendor to retrieve the stamp. Consult the state WIC office if you have difficulty obtaining the stamp promptly.

Return old stamps to the state WIC office by October 7 of each year.

ISSUING NEW VENDOR STAMPS

1. Assign the last two digits of the vendor number according to these codes:

01-49	Food stores
50-79	Home delivery
80-99	Pharmacies

2. Make sure the vendor signs the "VENDOR STAMP RECEIPT".

3. Submit a yellow WIC Vendor Input Form with the vendor identification number corresponding to the actual stamp number issued.

ISSUING REPLACEMENT VENDOR STAMPS

1. If a vendor stamp becomes damaged so that the imprint is affected, request a new stamp with the same number from the state WIC office and issue it to the vendor in exchange for the old one.

2. If a stamp is lost, notify the state WIC office immediately so that vouchers bearing that stamp number can be stopped at the bank. Request a new stamp with a new number from the state WIC office and issue it to the vendor. Terminate the old record in the masterfile and submit new input with the new stamp number.

VENDOR AUTHORIZATION

TO AUTHORIZE A VENDOR FOR PARTICIPATION IN THE WIC PROGRAM:

1. CONDUCT A VENDOR AUTHORIZATION AND EDUCATION SESSION TO
   - EDUCATE THE VENDOR ABOUT THE WIC PROGRAM
   - EXPLAIN THE WIC FOODS
   - REVIEW AND SIGN THE WIC VENDOR AGREEMENT
   - EXPLAIN QUARTERLY PRICE REPORTING AND DISTRIBUTE THE OCTOBER 1 PRICE LIST
   - RETRIEVE THE OLD VENDOR STAMP
   - ISSUE A NEW VENDOR STAMP
2. REGISTER THE VENDOR WITH THE STATE WIC OFFICE.

Vendors are not allowed to participate in the WIC Program until you formally authorize them.

Careful vendor education can be your best protection against vendor abuse. Vendors are less likely to have problems if they know the purpose and intention of the WIC Program and if they understand the procedures necessary for managing WIC. Use the vendor authorization period as an opportunity for extensive vendor education.

THE VENDOR AUTHORIZATION AND EDUCATION SESSION

Once you approve a vendor for participation in the WIC Program, schedule an authorization and education session for her/him.

Conduct this session before the first day of the authorization period. Use the Vendor Agreement to train vendors in WIC policies and procedures.

You may hold individual authorization sessions for each vendor, or see vendors in a group. You may include vendor employees such as head cashiers in your authorization and education sessions so that they receive complete and accurate instructions on WIC procedures.

When scheduling the session, remind the vendor that you will collect the old vendor stamp at that time.

Planning The Session

If possible, hold education and authorization sessions for new vendors in the WIC office or clinic so that they can see WIC's role as a health care program. You may also conduct the education session at the vendor's place of business.

Arrange for an interpreter if you cannot comfortably speak the primary language of any vendors. It is important that the vendors understand the contents of the Vendor Agreement and the mechanics of WIC.

During The Session

1. Describe the WIC Program and explain its role in your community.

2. Explain the WIC foods, including why some foods are authorized on the program and others are not. Explain the participant's options in selecting her/his food.

3. Carefully review the Vendor Agreement, sign it, and have the vendor sign it. Keep the original for your files; either sign another original for the vendor or give her/him a copy.

4. Retrieve the old vendor stamp and issue the new one, explaining its proper use. Make sure the vendor signs a "VENDOR STAMP RECEIPT".

5. Explain procedures for reimbursement of vouchers over $20.00, vouchers with altered prices, and vouchers rejected by the bank. See the SPECIAL PRESCRIPTION FORMULAS and VENDOR REIMBURSEMENTS sections of this Procedure Manual for more information on vendor reimbursements.

6. Answer any questions or discuss any problems the vendor may have.

You may also include additional activities such as a true/false quiz, the WIC slide show or filmstrip, or discussions, especially about common problem areas.

Make sure that vendors have adequate supplies of the cashier card; if not, provide additional copies.

REGISTERING THE VENDOR WITH THE STATE WIC OFFICE

See the following sections for detailed information on registering vendors with the state WIC office:

REGISTERING VENDORS WITH THE STATE OFFICE
ENTERING A VENDOR INTO THE COMPUTER FILES

MASSACHUSETTS WIC PROGRAM

(SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN)

WIC VENDOR AGREEMENT: FISCAL YEAR 1988

WHEREAS, the Local WIC Agency named on page ten of this agreement has entered into an agreement with the Massachusetts Department of Public Health to participate in the Special Supplemental Food Program for Women, Infants, and Children (WIC Program) sponsored by the United States Department of Agriculture (USDA) under regulations which are published in the Federal Register, and the Local WIC Agency has charged the Local WIC Program with providing services;

WHEREAS, the Local WIC Agency and Local WIC Program named on page ten of this agreement act as authorized representatives of the Massachusetts WIC Program (State WIC Office);

WHEREAS, the Vendor named on page ten of this agreement is a retail food outlet or pharmacy qualified to provide supplemental foods authorized by the Massachusetts WIC Program ("WIC foods") to eligible persons participating in the WIC Program, and their authorized representatives (both hereinafter referred to as "WIC participants");

NOW, THEREFORE, this agreement is made by and between the Vendor and the Local WIC Program, which mutually agree to the following provisions:

THE VENDOR AGREES TO:

	SANCTION SCORE*
1. Accept training of the store manager or an authorized representative on WIC procedures;	10
2. Train all staff handling WIC vouchers in correct WIC procedures;	5
3. Be accountable for the actions of all employees in WIC transactions;	-
4. Provide WIC foods to WIC participants in accordance with Federal and state requirements:	
a. Provide the WIC foods only at the site of the Vendor; for home delivery vendors, only in areas specified by the Local WIC Program at the end of this agreement;	3
b. Never demand that WIC participants purchase the full amount of WIC foods authorized on the front of the WIC voucher;	2
c. Allow up to the full amount of WIC food specified on the voucher;	5
d. Never limit WIC participants in their choices of WIC foods (e.g., never allow only a store brand, or milk only in quarts):	2
e. Never substitute one WIC food for another (e.g., evaporated milk for infant formula);	2
f. Never substitute non-eligible food for WIC food of the same type (e.g., non-WIC cereal for WIC cereal);	3
g. Never substitute cigarettes or alcoholic beverages for WIC food;	10

* The Sanction Score is specified for each violation of the vendor's responsibilities, and explained in the Sanction Policy section.

	SANCTION SCORE
h. Never substitute other non-WIC food or non-food items for WIC food;	6
i. Never provide cash or credit for all or part of a WIC voucher;	10
j. Insure that WIC foods are fresh and are sold to WIC participants before the expiration date for those foods;	3
k. Insure an adequate supply of all of the Mandatory Minimum of WIC foods, as indicated in the Vendor Application Packet, so that WIC participants may use their WIC vouchers at any time that the Vendor is open for business;	4
l. If the Vendor is a pharmacy, insure that WIC participants can receive within 48 hours any authorized infant formula not usually stocked by the pharmacy;	4
m. If the vendor is a pharmacy which has not been authorized as a food vendor, accept vouchers for infant formula only;	4
n. Never provide WIC participants with rainchecks or other similar receipts for unavailable WIC foods;	3
o. If the Massachusetts WIC Program specifies a brand of infant formula on WIC vouchers, the Program will give 30 days notice to the Vendor. The vendor shall stock an adequate supply of the specified brand of formula, both milk- and soy-based with iron, 13 ounce concentrate, so that WIC participants may purchase such formula at any time;	4
p. If the Massachusetts WIC Program specifies a brand of infant formula on WIC vouchers, the vendor agrees not to substitute another brand of infant formula;	4

5. Follow the WIC voucher acceptance procedures established by Federal and state requirements:

	SANCTION SCORE
a. Never accept a voucher from anyone other than a WIC participant;	6
b. Never accept a WIC voucher before the date of issue printed on the voucher;	1
c. Never accept WIC vouchers thirty (30) days or more after the date of issue printed on the voucher;	3
d. Accept only WIC vouchers stamped with the "Mass. WIC" stamp;	1
e. Accept only WIC vouchers that have been presigned once by the WIC participant;	5
f. Never accept vouchers already signed and countersigned;	3
g. Insure that the signature and countersignature on the WIC voucher match, although the name of participant and the signature name may be different;	2
h. Never demand identification or a telephone number from WIC participants;	1
i. Never accept a WIC voucher on which the name, date, food message or signature has been altered in any way;	4
j. Never accept WIC vouchers in payment for credit or charge accounts;	8

6. Follow WIC voucher pricing procedures as established by Federal and state requirements:

	SANCTION SCORE
a. Write in the space provided a price no higher than the actual shelf price of only those food items authorized by the WIC voucher and purchased by the WIC participant;	10
b. Price each voucher for actual foods purchased, not by voucher type;	10
c. Write the price on the WIC voucher in ink;	2
d. Never add a service charge to the price of the voucher;	8
e. Accept store's or manufacturer's coupons for WIC foods, and deduct their value before writing the price on the voucher;	3
f. Fill in the WIC voucher price only in the presence of the WIC participant;	5
g. Insure that the WIC participant countersigns the WIC voucher only after the Vendor personnel fills in the WIC voucher price;	4
h. Never charge WIC participants for foods purchased with WIC vouchers;	8
i. Never charge WIC participants for service charges on WIC vouchers;	5
j. Never charge WIC participants for bank charges incurred on non-reimbursable or rejected WIC vouchers;	5
k. Never seek restitution from WIC participants for vouchers not paid by the Massachusetts WIC Program;	5
l. Never accept the return of food purchased with WIC vouchers for cash or credit towards other purchases;	3

7. Use the WIC Vendor Stamp according to state requirements:

	SANCTION SCORE
a. Use only the WIC Vendor Stamp issued by the Local WIC Program;	10
b. Use the WIC Vendor Stamp only on those WIC vouchers used at the Vendor's place of business by WIC participants for WIC foods;	10
c. Stamp the WIC vouchers with the WIC Vendor Stamp only after the WIC participant has countersigned them;	2
d. Stamp each WIC voucher with the WIC Vendor Stamp in the appropriate space on the front of the voucher prior to depositing it into the Vendor's bank;	1
e. Insure that the WIC Vendor Stamp imprint is legible;	1
f. Take appropriate measures to safeguard the WIC Vendor Stamp from misuse or use by unauthorized personnel;	5
g. Return the WIC Vendor Stamp to the Local WIC Program, or State WIC Office if requested, immediately upon termination of this agreement or disqualification from the WIC Program;	-

8. Redeem WIC vouchers according to Federal and state requirements:

	SANCTION SCORE
a. Endorse all WIC vouchers submitted for payment on the back of the vouchers either by signature or with the vendor's endorsement stamp used for deposit at the Vendor's bank;	2

	SANCTION SCORE
b. Never submit for payment at the Vendor's bank any WIC voucher that has been altered in any way; any such vouchers must be submitted directly to the State WIC Office with an explanation of the alteration;	3
c. Never submit for payment at the Vendor's bank any WIC voucher priced over the limit printed on the voucher; any vouchers which legitimately exceed the limit must be submitted directly to the State WIC Office;	3
d. Submit for payment only those WIC vouchers stamped with the WIC Vendor Stamp;	1
e. Submit WIC vouchers for payment only at the Vendor's bank or the State WIC Office;	3
f. Submit WIC vouchers for payment to the Vendor's bank within sixty (60) days of the issue date printed on the front of the voucher, or within eighty-nine (89) days if the voucher has been previously rejected from the WIC bank;	1
g. Notify the State WIC Office immediately in writing of any change in the name of bank or account number where WIC vouchers are deposited;	3

9. Comply with the administrative requirements of the Massachusetts WIC Program, including but not limited to those set forth below:

	SANCTION SCORE
a. Treat WIC participants with courtesy;	2
b. Never demand that WIC participants use a separate checkout line;	2
c. Keep all information on WIC participants confidential;	3
d. Never discriminate against WIC participants on the basis of race, color, national origin, creed, political beliefs, age, sex, or handicap;	3
e. Submit to the Local WIC Program, or State WIC Office on request, actual quarterly retail prices of the authorized WIC foods: October 1 prices must be received at the WIC Program by October 8, 1987; January 1 prices by January 8, 1988; April 1 prices by April 8, 1988; and July 1 prices by July 15, 1988;	4
f. Comply with all Federal, State and Local laws and regulations pertaining to the disclosure of prices for any items offered for sale; for vendors located in Massachusetts, this includes but is not limited to 940 CMR 3.13(1)(a) which states: "It is an unfair and deceptive act or practice for any person subject to this act to fail to affix to any goods offered for sale to the public the price at which the goods are to be sold";	7
g. Report to the Local WIC Program any irregularities in the use of WIC vouchers by WIC participants;	1
h. Cooperate with Federal, State, and Local WIC Program personnel during announced and unannounced on-site Vendor reviews and audits; these may include reviews of all WIC vouchers at the site of the Vendor;	10
i. Provide the WIC Program with purchase invoices from wholesalers or with other invoices or records, including shelf price records and records of cash receipts for food sales, when requested;	10
j. For home delivery vendors, permit WIC staff to ride trucks to observe WIC-related procedures;	10
k. For home delivery vendors, maintain records of delivery of such foods and payments received for three years;	5
l. Maintain a current registration certificate issued by the local board of health in a location visible to Local WIC Program personnel, if the Vendor is a retail food outlet;	5

	SANCTION SCORE
m. Comply with all other Federal, State and Local requirements for retail food sales (e.g. business registration);	10
n. Maintain premises, including home delivery trucks, in a sanitary condition;	5
o. Comply with the nondiscrimination provisions of U.S. Department of Agriculture regulations (7 CFR Parts 15, 15a and 15b);	3
p. Never knowingly accept stolen WIC vouchers;	10
q. Never participate in an activity of questionable business integrity (such as trafficking of drugs or the passing of stolen goods);	10
r. Comply with requirements of any other USDA Food and Nutrition Service program (such as Food Stamp Program) in which Vendor participates;	10
s. Provide only correct information on the WIC Vendor application and all vendor price lists.	10

THE LOCAL WIC PROGRAM AGREES TO:

1. Provide training to WIC participants in the proper use of WIC vouchers;
2. Provide assistance to the Vendor as requested on dealing with any irregularities in the use of WIC vouchers by WIC participants;
3. Notify WIC participants that the Vendor is authorized to accept WIC vouchers;
4. Provide guidance to the Vendor concerning the authorized WIC foods and applicable guidelines and instructions, including, but not limited to:
    a. Training the Vendor in Massachusetts WIC Program procedures as necessary;
    b. Transmitting pertinent information, including any changes in the Federal regulations and/or Massachusetts WIC Program procedures that may affect the Vendor.

GENERAL PROVISIONS:

1. This agreement may be amended at any time upon mutual written consent of the parties and incorporated by reference herein.
2. This agreement is null and void if the Vendor ceases operations or changes name, location or ownership. The Vendor must give thirty (30) days prior written notice to the Local WIC Program if the Vendor intends to cease operations or change name, location or ownership.
3. If the Local Agency or Local WIC Program ceases operations or ceases to have WIC responsibility for the area in which the Vendor is located, the Local Agency or Local WIC Program must give thirty (30) days prior written notice to the Vendor. In such cases, this agreement may, at the option of the Massachusetts WIC Program, be assigned to the Local WIC Program and Local Agency which subsequently assume responsibility for that area, and the Vendor shall be notified in writing of such assignment. Unless this agreement is so assigned by the Massachusetts WIC Program, it shall become null and void when the Local Agency or Local WIC Program ceases operations or ceases to have WIC responsibility for that area.
4. This agreement may be terminated by mutual consent with 30 days prior written notice between parties.
5. This agreement may be terminated for cause by the Massachusetts WIC Program or the Vendor with 15 days prior written notice. The Vendor Sanction Policy below sets forth the procedures by which the Massachusetts WIC Program may terminate this agreement for program abuse.
6. Neither the Local WIC Program nor the Vendor has an obligation to renew this agreement.
7. This agreement, if with a food vendor, may be terminated if the Vendor redeems fewer than 20 WIC vouchers in a given month.

8. If the Vendor's prices increase over the prices submitted in the application for this agreement, and such increase is not due to the inflation rate and/or other legitimate factors, the Massachusetts WIC Program may terminate this agreement with 30 days prior written notice. During the 30 days the Vendor may demonstrate that the prices have been lowered to an acceptable level, in which case the agreement will not be terminated.

9. The Massachusetts WIC Program may deny payment to the Vendor, demand refunds for payments already made to the Vendor, or offset future payments to the Vendor, for WIC vouchers used contrary to the terms of this agreement and for altered WIC vouchers.

10. The Vendor may not recover from the Massachusetts WIC Program bank charges incurred as a result of the Vendor's violation of any part of this agreement.

11. The Massachusetts WIC Program may designate the Vendor as "High Risk" according to a state-wide standard protocol. If the Vendor has been designated as "High Risk" the Massachusetts WIC Program may require the Vendor to submit WIC vouchers directly to the State WIC Office for payment.

12. The WIC Vendor Stamp issued to the Vendor by the Local WIC Program is the property of the Massachusetts WIC Program.

13. A Vendor that commits fraud or abuse of the WIC Program shall be liable for prosecution under applicable Federal, State and Local laws. Those who have willfully misapplied, stolen or fraudulently obtained WIC funds shall, if such funds are of the value of $100 or more, be fined not more than $10,000 or imprisoned not more than five years, or both; or if such funds are of a value of less than $100, shall be fined not more than $1,000 or imprisoned for not more than one year, or both.

14. If the Vendor fails to comply with any provision of this agreement, or violates any part of the Federal regulations, the Vendor shall be disqualified or sanctioned in accordance with the Massachusetts WIC Program Vendor Sanction Policy which is a part of this agreement.

15. The Vendor has the right to appeal disqualification from the WIC Program or any other adverse action by the WIC Program which affects participation during the period of this agreement by requesting a fair hearing in writing from the Massachusetts WIC Program, Department of Public Health, 150 Tremont Street, 3rd floor, Boston, MA 02111. Such request must be received by the Department of Public Health within 30 days from the date the Vendor receives notice of the disqualification or other adverse action. Expiration of this agreement is not subject to appeal.

16. Pursuant to 7 CFR Section 278.1(o)(1), if the Vendor is disqualified from the WIC Program due to abuse of the Program as specified in this Agreement, Food Stamp Program authorization will be automatically withdrawn from the Vendor.

17. Signing of this agreement constitutes representation by both parties that there is no conflict of interest between the Local Agency and/or Local Program and the Vendor.

18. This agreement is subject to change in accordance with any changes in Federal and State requirements governing the WIC Program.

SANCTION POLICY

1. Types of Vendor Abuse and Sanction Scores

Violation of the rules, regulations, policies and procedures governing the Massachusetts WIC Program, including, but not limited to, Federal regulations and the Massachusetts WIC Vendor Agreement, constitutes abuse of the WIC Program.

Abuse of the WIC Program includes both a Vendor's (1) intentional violations and (2) unintentional violations due to lack of information, error, or oversight.

There are six main categories of vendor abuse, which correspond to sections 4 through 9 of the Vendor's responsibilities as defined above: food provision abuse, voucher acceptance abuse, voucher pricing abuse, vendor stamp abuse, voucher redemption abuse, and administrative abuse. The Sanction Score for each instance of abuse in these six categories is given above. The procedures for applying sanctions to the vendors which abuse the program are explained below.

Each type of abuse carries a score based on the relative impact of the abuse on WIC participants and on the integrity of the WIC Program. Scores range from one (1) for less serious abuses to ten (10) for very serious abuses such as overcharging for WIC vouchers.

2. Verification of Vendor Abuse

Prior to sanctioning a Vendor for abuse of the WIC Program, the Local WIC Program or the State WIC Office must verify the existence of the abuse. Verification methods include participant complaints, vendor reviews, compliance purchases, visual inspection of redeemed WIC vouchers, analysis of redeemed WIC vouchers, and review of data from other sources.

a. Participant Complaints

To verify Vendor abuse through participant complaints, three separate WIC participants must complain of the same abuse by the same Vendor, for one instance of documented abuse.

The WIC participant must write or dictate the complaint. The language used in the complaint must be the actual words of the WIC participant. A summation or notation by a WIC staff member is not sufficient documentation, but may be attached for clarification. The WIC participant may choose to leave the complaint unsigned.

The Local WIC Program director or designated staff member must sign the complaint, and indicate the time and date of receipt in order to attest to the fact that a current WIC participant (or authorized representative) made the complaint freely and in good faith.

A Local WIC Program may send a warning letter to a Vendor based on one or more participant complaints.

After receiving one or more participant complaints, a Local WIC Program may also choose to initiate further actions, such as a Vendor review or a request to the State WIC Office for a compliance purchase or other monitoring.

b. Vendor Reviews

A Vendor review is an on-site monitoring visit made by local or state WIC staff to the Vendor's premises. It may include review of physical evidence (such as Mandatory Minimum foods or vouchers) and observation of WIC procedures. It may be scheduled or unannounced, and must be documented by a written, signed report of the reviewer's findings.

c. Compliance Purchases

In a compliance purchase, a person who is not a WIC participant poses as a WIC participant and makes a purchase with WIC vouchers.

A compliance "buyer" may be a State WIC staff member, an authorized investigator from the U.S. Department of Agriculture, or an independent investigator hired by the State WIC Office. The compliance "buyer" receives instructions from the State WIC Office on procedures for the compliance purchase.

The compliance "buyer" records the compliance purchase on an investigation report.

d. Visual Inspection of Redeemed WIC Vouchers

The Massachusetts WIC Program visually reviews redeemed WIC vouchers every day at the central WIC bank.

e. Analysis of Redeemed WIC Vouchers

At intervals throughout the year, the Massachusetts WIC Program reviews and analyzes redeemed WIC vouchers. Using both computerized and manual statistical analysis techniques, the WIC Program identifies those Vendors that exhibit patterns of abusive pricing and redemption.

f. Review of Data From Other Sources

The Massachusetts WIC Program shares information with the Food and Nutrition Service of the United States Department of Agriculture on Vendors' violations of Food Stamp and WIC Program regulations. In addition, the Massachusetts WIC Program cooperates with the Massachusetts Office of the Inspector General, the Attorney General's office, and other law enforcement agencies to monitor Vendors' business activities, and may rely on evidence from these sources as verification that abuse is occurring.

Information which documents that a Vendor's application was inaccurate is also evidence of abuse.

3. Calculation of a Vendor's Total Sanction Score

a. Sanction Scores for Multiple or Repeated Abuses

If a Vendor commits more than one documented type of abuse of the WIC Program, or commits an abuse more than once, the Vendor's total cumulative Sanction Score is the sum of the Sanction Scores for each instance of a violation.

The Sanction Score as specified above will be applied for each instance of a violation. An instance of a violation is defined as one isolated event or multiple occurrences of the same violation at a single point in time, such as multiple vouchers with the same violation submitted for payment on the same day.

b. Duration of Sanction Scores

A sanction score applied during one authorization period shall remain in effect throughout the next consecutive authorization period.

4. Types of Sanctions

The Massachusetts WIC Program may apply a variety of sanctions to vendors. Sanctions consist of: (a) rejecting redeemed WIC vouchers, (b) warning letters, (c) Sanction Scores, (d) determination as a High Risk Vendor, (e) disqualification, (f) monetary claims, and (g) judicial actions.

a. Rejecting Redeemed WIC Vouchers

The Massachusetts WIC Program may refuse payment to the Vendor for any redeemed WIC vouchers submitted in violation of the Vendor Agreement. The Program may also at its discretion reduce payment on vouchers submitted with excessive prices.

The Massachusetts WIC Program will not be liable for any bank fees that the Vendor may incur for such vouchers rejected and returned from the bank.

b. Warning Letters to the Vendor

The Local WIC Program or Massachusetts WIC Program may send a formal written warning to the Vendor whenever it appears or is documented that the Vendor is abusing the WIC Program. Warning letters will be hand-delivered or sent via certified mail.

c. Notification of Sanction Scores

The Massachusetts WIC Program will send the Vendor a formal notification of any documented abuse(s) of the WIC Program for which a Sanction Score has been assigned to the Vendor. Such notifications will be hand-delivered or sent via certified mail. A Sanction Score may be assigned without a prior warning letter.

d. Designation as a High Risk Vendor

The Massachusetts WIC Program may designate as a "High Risk Vendor" any Vendor whose history of compliance with the WIC Program indicates that the Vendor may commit further abusive activity. For example, if the WIC Program waives the disqualification of a Vendor (see below), that Vendor may become a High Risk Vendor.

The Massachusetts WIC Program may also use an analysis of redeemed WIC vouchers (see above) to determine whether to designate a Vendor as a High Risk Vendor.

The WIC Program will carefully monitor a High Risk Vendor's continued participation in the WIC Program.

At the discretion of the State WIC Office, the WIC Program may require the High Risk Vendor to submit WIC vouchers directly to the State WIC Office for redemption, rather than to the Vendor's usual bank of deposit. The WIC Program will then reimburse the Vendor for those vouchers properly submitted and priced.

e. Disqualification or Denial of Application

The Massachusetts WIC Program may disqualify a Vendor from the WIC Program or deny a Vendor's application if that Vendor reaches a Sanction Score of ten (10) points. These ten points may come from one single serious abuse, from a combination of less serious abuses,

or from abuses occurring at different times over two consecutive Vendor authorization periods. Denial of an application will be considered based on the Sanction Score which would be in effect on the first day of the fiscal year for which an agreement has been requested.

The Massachusetts WIC Program may also disqualify or deny the application of a Vendor committing any abuse carrying a Sanction Score of one (1) or more if the Vendor has received three or more formal written warnings or notifications of a Sanction Score for that particular abuse. Disqualification or denial under those circumstances may occur even if the Vendor's cumulative Sanction Score is less than ten (10).

The Massachusetts WIC Program will support the determination of the disqualification with appropriate documentation of the abusive activity.

A disqualification for one, two, or three years will mean that the Vendor will not be able to accept WIC vouchers for one, two, or three years respectively, starting with the date of disqualification. The maximum duration of disqualification will be three years.

A Vendor disqualified from the Food Stamp Program shall be disqualified from WIC for the same period of time, up to a maximum of three years.

A vendor whose WIC disqualification expires during an authorization period may reapply to WIC before the next year's application process begins only if the Local WIC Program reopens its application process due to need for additional vendors in that area.

Whenever the Massachusetts WIC Program intends to disqualify a Vendor, it will provide 15 days prior written notice, which shall include the reason(s) for the disqualification and a notification of the Vendor's right to appeal.

f. Monetary Claims

The Massachusetts WIC Program may make monetary claims against Vendors that have committed certain types of redemption abuse, in addition to any other sanctions applied against such Vendors.

The WIC Program will not sign a WIC Vendor Agreement with any Vendor against which the program has an outstanding monetary claim.

g. Judicial Actions

If appropriate, the Commonwealth of Massachusetts, acting for the State WIC Office, may take legal action against abusive Vendors in cooperation with Federal, State, and Local authorities.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

MASSACHUSETTS WIC VENDOR AGREEMENT: FISCAL YEAR 1988

AGREEMENT BETWEEN _____ (Local WIC Program) AND _____ (Vendor)

THE TIME PERIOD OF THIS AGREEMENT IS FROM _____ THROUGH SEPTEMBER 30, 1988.

Signed by the Local WIC Program or Local Agency on behalf of the Massachusetts WIC Program of the Massachusetts Department of Public Health.

SIGNATURE

DATE SIGNED

NAME

TITLE

PROGRAM NAME

AGENCY NAME

ADDRESS

TELEPHONE NUMBER

CONTACT PERSON IF OTHER THAN ABOVE

TELEPHONE NUMBER

Signed by the individual with legal authority to obligate the Vendor.

I certify that I or my authorized representative has received training on WIC procedures.

SIGNATURE

DATE SIGNED

NAME

TITLE

VENDOR NAME

ADDRESS

TELEPHONE NUMBER

FOR CHAIN STORES: CORPORATE OFFICE CONTACT

ADDRESS

TELEPHONE NUMBER

☐ Check and sign if Vendor has received a copy of this agreement in Spanish.

VENDOR SIGNATURE

DATE

☐ For home delivery vendors, areas where WIC participants will be served (list here or attach list):

REGISTERING VENDORS WITH THE STATE WIC OFFICE

NOTIFY THE STATE WIC OFFICE OF ALL VENDORS YOU AUTHORIZE FOR PARTICIPATION IN THE WIC PROGRAM.

After you complete an authorization session with a vendor:

1. Complete a yellow Vendor Input Form for the vendor.

   See the ENTERING A VENDOR INTO THE COMPUTER FILES section for instructions on how to fill out a Vendor Input Form.

2. Mail the completed Vendor Input Form to the state WIC office by October 7.

3. Send a copy of the last page of your signed vendor agreement to the state WIC office by October 7.

NOTIFYING PARTICIPANTS OF WIC VENDORS

NOTIFY YOUR WIC PARTICIPANTS OF ALL VENDORS AUTHORIZED TO ACCEPT WIC VOUCHERS IN YOUR CATCHMENT AREA AND IN ADJOINING AREAS IF APPROPRIATE.

1. Compile a list of all authorized WIC vendors within your program area. Include:

   -- Vendor name
   -- Address
   -- Phone number
   -- Hours of operation

2. Distribute the vendor list to all participants during the October voucher pick-up.

3. Distribute your vendor list to all new WIC participants as they enter the program.

4. Post a list of your authorized vendors in the WIC office.

SENDING VENDOR INFORMATION TO THE STATE WIC OFFICE

SEND VENDOR INFORMATION REGULARLY TO THE STATE WIC OFFICE.

Send copies of the following materials to the state WIC office by the dates shown. The state WIC office uses this data for vendor monitoring, reimbursement of vouchers submitted to the state WIC office, reports on the vendor system, fair hearings, and other purposes.

ITEM	MAILING DEADLINE
Vendor applications with 7/1 price list	July 22
Acceptance and rejection letters	September 7
Expired vendor stamps	October 7
Last page of signed vendor agreements	October 7
Vendor input forms	October 7
Quarterly price lists*	October 15
	January 15
	April 15
Vendor review forms	As completed
Warning letters	When sent to vendor
Requests for sanction points	As needed
Invalid or damaged vendor stamps	Within one week of retrieval

* Mail as many as you have received by these dates, and send late ones as soon as you receive them.

VENDOR FILES AND REPORTS

VENDOR RECORDKEEPING CONSISTS OF:

- THE VENDOR MASTERFILE
- VENDOR REPORTS
- OFFICE VENDOR FILES CONTAINING COPIES OF ALL REQUIRED DOCUMENTS.

See the following sections for more information about vendor files.

THE VENDOR MASTERFILE

THE VENDOR MASTERFILE CONTAINS BASIC INFORMATION ABOUT EACH VENDOR.

USE THE WIC VENDOR INPUT FORM TO ACCESS THE VENDOR MASTERFILE.

MAINTAIN COMPLETE AND ACCURATE COMPUTER RECORDS FOR ALL WIC VENDORS.

The information in the vendor masterfile is used for reports, mailings to vendors, the computerized vendor monitoring system, other vendor monitoring, and answering a variety of questions about vendors.

The vendor masterfile is updated once a month, at the time of voucher create: vendors are entered into or terminated from the masterfile, or information on a vendor is changed.

ENTERING A VENDOR INTO THE COMPUTER FILES

TO ENTER A VENDOR INTO THE COMPUTER FILES, FILL OUT A VENDOR INPUT FORM. THIS IS CALLED COMPLETING A TRANSACTION TYPE 1.

COMPLETE AND MAIL THE VENDOR INPUT FORM TO THE STATE WIC OFFICE BY OCTOBER 7 (OR WITHIN A WEEK OF SIGNING THE AGREEMENT).

For a Transaction Type 1 ("Trans. Type 1"), make sure that the vendor's identification number is not already on your vendor masterfile for the current year. Refer to your Vendor Report to determine which numbers are active. See the LOCAL PROGRAM VENDOR REPORT section of this Procedure Manual for a copy of the Vendor Report.

COMPLETING THE VENDOR INPUT FORM

HEADER EACH ITEM IN THE HEADER IS A CRITICAL FIELD (*).

* Input code. "V". Preprinted on the form.

* Program code. Enter the two digit number that designates your local program.

* Vendor number. Enter the two digit number that you have assigned to the vendor (the vendor stamp number): 01-49 for food stores, 50-79 for home delivery, and 80-99 for pharmacies.

* Trans. type. Enter the number "1" for a new add.

* Batch date. Enter the date by month, day and year using six digits. Example: October 1, 1987 is 10/01/87.

** CHECK CRITICAL FIELDS **

LINE 1 Each item in line 1 is a critical field (*).

* Vendor company name. Enter the local vendor's complete company name.

* Vendor's representative, last name, first name. Enter the name of the person in the local company who is responsible for WIC.

* Vendor class code. Enter the number designating the vendor's type of store. The codes are on the form.

** CHECK CRITICAL FIELDS FOR LINE 1 **

LINE 2 (* indicates a critical field)

* 2nd line of address. Enter local street address of vendor.

Extra line of address. Enter any further address information such as mailing address if different from street address. Optional field.

* Telephone number. Enter vendor's telephone number by area code, number and extension. Extension is not a critical field.

** CHECK CRITICAL FIELDS FOR LINE 2 **

LINE 3 (* indicates a critical field)

* City or town. Enter the name of the city or town in which the vendor is located.

* State. Enter the state in which the vendor is located.

* Zip code. Enter the zip code for the vendor's address.

DPH town code. Leave blank (will be omitted from form).

* Authorization date. Enter the date by month, day and year that the vendor contract begins, in six digits.

Termination code. Leave blank.

Termination date. Leave blank.

** CHECK CRITICAL FIELDS FOR LINE 3 **

ADDING A NEW VENDOR

The Commonwealth of Massachusetts

Department of Public Health

WIC VENDOR INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

INPUT	PROGRAM CODE	VENDOR IDENT NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
V	C99	015	1	100185
		5 7	8	9 14

1 add
2 change

PLEASE PRINT IN INK

1. Large chain supermarket
2. Medium sized market
3. Small neighborhood or convenience store
4. Home Delivery Vendor
5. Pharmacy

LINE	VENDOR COMPANY NAME	VENDOR'S REPRESENTATIVE LAST NAME	FIRST NAME	VENDOR CLASS CODE
1	DIANA MARKET	HIGBEY	BARBARA	2
	16 45	46 70		71

LINE	2ND LINE OF ADDRESS	EXTRA LINE OF ADDRESS (IF NEEDED)	TELEPHONE NUMBER AREA EXCH. NUMBER	EXT.
2	944 DORCHESTER AVE.		617 555 1234	
	16 40	41	75	76 79

LINE	CITY OR TOWN	STATE	ZIP CODE	OPH TOWN CODE	APPROVAL DATE (MM/DD/YY)	TERMINATION CODE	TERMINATION DATE (MM/DD/YY)
3	DORCHESTER	MA	02125	035	100185		
	16 40	41 42	43 47	48 50	51 56		70 75

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CHANGING VENDOR INFORMATION

TO CHANGE INFORMATION ON A VENDOR ALREADY IN THE COMPUTER FILES, FILL OUT A VENDOR INPUT FORM. THIS IS CALLED COMPLETING A TRANSACTION TYPE 2.

ALWAYS COMPLETE THE HEADER INFORMATION.

Complete and submit vendor input forms to the state WIC office throughout the year if a vendor:

- goes out of business,
- loses the vendor stamp and receives a new stamp number,
- changes managers, or
- changes any other information in the vendor file.

COMPLETING THE HEADER

EVERY FIELD IN THE HEADER IS A CRITICAL FIELD (*)

* INPUT CODE: "V". Preprinted on the form.
* PROGRAM CODE: Enter the two digit number designating your local program.
* VENDOR NUMBER: Enter the two digit vendor number that you have assigned to the vendor (the vendor stamp number).
* TRANS. TYPE: Enter the number "2" for a change.
* BATCH DATE: Enter the date by month, day and year using six digits. Example: April 5, 1988 is 04/05/88.

CHECK THE BOX FOR CHANGE

Go to the line or lines on which you wish to make a change in the data. Check the box that says "Check for Change", and enter the data in the appropriate fields.

CHANGING VENDOR INFORMATION

The Commonwealth of Massachusetts

Department of Public Health

WIC VENDOR INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

INPUT CODE	PROGRAM CODE	VENDOR IDENT. NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
V	099	017	2	12/18/87
		5 7	8 (1 - add, 2 - change)	9 14

PLEASE PRINT IN INK

1. Large chain supermarket
2. Medium sized market
3. Small neighborhood or convenience store
4. Home Delivery Vendor
5. Pharmacy

Check for Change	LINE	VENDOR COMPANY NAME	VENDOR'S REPRESENTATIVE LAST NAME	FIRST NAME	VENDOR CLASS CODE
✓	1		ANGERO	CAROL	
	15	16 45	46 70		71

Check for Change	LINE	2ND LINE OF ADDRESS	EXTRA LINE OF ADDRESS (IF NEEDED)	TELEPHONE NUMBER AREA EXCH. NUMBER	EXT.
	2				
	15	16 40	41 65	66 75	76 79

Check for Change	LINE	CITY OR TOWN	STATE	ZIP CODE	OPH TOWN CODE	APPROVAL DATE (MM/DD/YY)	TERMINATION CODE	TERMINATION DATE (MM/DD/YY)
	3		MA					
	15	16 40	41 42	43 47	48 50	51 56	69	70 75

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TERMINATING VENDORS

TERMINATE VENDORS WHEN THEIR AUTHORIZATION ENDS, OR VENDOR NUMBER, NAME, ADDRESS OR OWNERSHIP CHANGES.

DO NOT TERMINATE ALL VENDORS AT THE END OF EACH CONTRACT YEAR. THE COMPUTER DOES THIS AUTOMATICALLY.

To terminate a vendor, enter both a termination code and the date of termination.

TERMINATION CODE: Enter the code that designates the reason the vendor has been terminated.

CODE	DEFINITION
1	Vendor no longer wishes to participate in the WIC Program
2	Vendor has gone out of business
3	Vendor has lost stamp. New vendor number assigned
4	Vendor has been disqualified
5	Change of name
6	Change of owner
7	Change of location

TERMINATION DATE: Enter the date the vendor's agreement was terminated, using six digits.

Terminated vendors continue to appear on the masterfile to show the reason why they were terminated.

Once a vendor has been terminated, do not reassign her/his vendor identification number to another vendor in the same fiscal year.

SAMPLE INPUT FORM FOR VENDOR TERMINATION

The Commonwealth of Massachusetts

Department of Public Health

WIC VENDOR INPUT FORM

WIC
Special Supplemental Food Program For Women, Infants and Children

ALWAYS COMPLETE HEADER INFORMATION

INPUT CODE	PROGRAM CODE	VENDOR IDENT NUMBER	TRANS. TYPE	BATCH DATE (MM/DD/YY)
V	099	015	2	12/21/87
1	2	5	8	9 14

1 - add
2 - change

PLEASE PRINT IN INK

1. Large chain supermarket
2. Medium sized market
3. Small neighborhood or convenience store
4. Home Delivery Vendor
5. Pharmacy

Check for Change	LINE	VENDOR COMPANY NAME	VENDOR'S REPRESENTATIVE LAST NAME	FIRST NAME	VENDOR CLASS CODE
	1	DIANA MARKET	HILTON	BARBARA	2
	15	16 45	46 70		71

Check for Change	LINE	2ND LINE OF ADDRESS	EXTRA LINE OF ADDRESS (IF NEEDED)	TELEPHONE NUMBER AREA EXCH. NUMBER	EXT
	2	944 DORCHESTER AVE		617 555 1721	22
	15	16 40	41 65	68 75	76 79

Check for Change	LINE	CITY OR TOWN	STATE	ZIP CODE	OPH TOWN CODE	APPROVAL DATE (MM/DD/YY)	TERMINATION CODE	TERMINATION DATE (MM/DD/YY)
	3	DORCHESTER	MA	02125			2	12/21/87
	15	16 40	41 42	43 47	48 50	51 56	69	70 75

EPS37

BATCHING VENDOR INPUT FORMS

GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE VENDOR INPUT FORM BEFORE SUBMITTING THIS INFORMATION TO THE COMPUTER.

1. Group the original copies of the input forms by computer transaction type (Trans. Type 1 and Trans. Type 2).

2. Staple the input forms together once in the upper left corner, and write and circle the total number of inputs at the upper right of the top form.

3. Record the number of vendor inputs on the same Input Log form used for participant and manual voucher input.

4. Mail to state WIC office.

VENDOR REPORTS

FROM THE VENDOR MASTERFILE, FOUR REPORTS ARE PRODUCED EACH MONTH:

- LOCAL PROGRAM VENDOR REPORT
- WIC VENDOR UPDATE LISTING
- WIC VENDOR EDIT LISTING
- WIC VENDOR UPDATE REJECT LISTING

See the following sections for detailed instructions on using these reports.

LOCAL PROGRAM VENDOR REPORT

THE LOCAL PROGRAM VENDOR REPORT LISTS EACH PROGRAM'S WIC VENDORS IN ASCENDING ORDER BY VENDOR NUMBER.

KEEP THE MICROFICHE COPY OF THIS REPORT FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

Each record in the Local Program Vendor Report contains all the information about that vendor that that you have input into the computer masterfile.

This report includes vendors terminated during the current contract year.

REPORT NO. WIC025C

WIC PROGRAM

VENDOR REPORT

MONTH OF MAY

NEW BEDFORD WIC

001	SHAWS SUPERMARKET		VENDOR CLASS - LARGE
	PAUL MCKENNA ASST MNGR		APPROVAL DATE - 10-01-84
	219 WASHINGTON ST FHVN		TERMINATION DATE - 00-00-00
	FAIRHAVEN	02719	TERMINATION CODE - 0
	REGO JOSEPH JR		DPH TOWN - 094
	617-993-9996 EXT - 00000		
002	SUNSHINE COUNTRY		VENDOR CLASS - LARGE
	GERALD PERRY ASST MNGR		APPROVAL DATE - 10-01-84
	139 HATHAWAY RD		TERMINATION DATE - 03-04-85
	NEW BEDFORD	02746	TERMINATION CODE - 2
	COSTA ROBERT		DPH TOWN - 201
	617-996-5651 EXT - 00000		
003	MORSES FOOD MART		VENDOR CLASS - LARGE
	MICHAEL SLIWA ASST MNGR		APPROVAL DATE - 10-01-84
	41 ROCKDALE AVE		TERMINATION DATE - 00-00-00
	NEW BEDFORD	02740	TERMINATION CODE - 0
	HOWARD JOHN		DPH TOWN - 201
	617-994-0888 EXT - 00000		
004	SHAWS SUPERMARKET		VENDOR CLASS - LARGE
	DAVE CUSTODIO ASST MNGR		APPROVAL DATE - 10-01-84
	1068 KINGS HIGHWAY		TERMINATION DATE - 00-00-00
	NEW BEDFORD	02748	TERMINATION CODE - 0
	BOTELHO RICHARD		DPH TOWN - 201
	617-998-1226 EXT - 00000		
005	STOP AND SHOP		VENDOR CLASS - LARGE
	JANE MEDIEROS ASST		APPROVAL DATE - 10-01-84
	179 ROCKDALE AVE		TERMINATION DATE - 00-00-00
	SO DARTMOUTH	02748	TERMINATION CODE - 0
	SILVA TOM		DPH TOWN - 072
	617-997-4962 EXT - 00000		
006	ALMACS SUPERMARKET		VENDOR CLASS - LARGE
	BOB PETITJEAN GROC MNGR		APPROVAL DATE - 10-01-84
	27 FAUNCE CORNER RD		TERMINATION DATE - 00-00-00
	NO DARTMOUTH	02747	TERMINATION CODE - 0
	MULROY EDWARD		DPH TOWN - 072
	617-992-2100 EXT - 00000		
007	SHAWS SUPERMARKET		VENDOR CLASS - LARGE
	TONY CARREIRAS		APPROVAL DATE - 10-01-84
	15 STATE RD		TERMINATION DATE - 04-26-85
	NO DARTMOUTH	02747	TERMINATION CODE - 3
	SEVERINO ROBERT		DPH TOWN - 072
	617-993-9995 EXT - 00000		

WIC VENDOR UPDATE LISTING

THE WIC VENDOR UPDATE LISTING LISTS EVERY VENDOR RECORD WHICH HAS BEEN ACCEPTED IN THE VENDOR MASTERFILE.

The WIC Vendor Update Listing contains all the information accepted from vendor input forms, sorted by vendor number.

Compare your copies of the vendor input form with this listing to determine which inputs were accepted. Discard copies of accepted inputs along with the update; this information is repeated on the current Local Program Vendor Report.

WIC VENDOR UPDATE LISTING

WIC

VENDOR UPDATE LISTING

AS OF 10/21/86

BERKSHIRE WIC PAGE 2

ADD 011 STOP & SHOP
660 MERRILL RD
ADDED 09-19-86 PITTSFIELD 01201
LUCIOI CARMELLA
413-499-0745 EXT - 00000
VENDOR CLASS - LARGE
APPROVAL DATE - 10-01-86
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
OPH TOWN - 236

ADD 012 P J CLARKS MARKET
80 PLANSBURG AV
ADDED 09-19-86 DALTON 01226
FARRELL DAN
413-684-0070 EXT - 00000
VENDOR CLASS - SMALL
APPROVAL DATE - 10-01-86
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
OPH TOWN - 070

ADD 013 HAPPYS SUPERMARKET
290 WENDOWAH ST
ADDED 09-19-86 PITTSFIELD 01201
KAHN ALICE
413-442-9084 EXT - 00000
VENDOR CLASS - SMALL
APPROVAL DATE - 10-01-86
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
OPH TOWN - 236

ADD 014 KATIES COUNTRY STORE
RT 23
ADDED 09-19-86 E OTIS 01253
CROSS RANDALL
413-269-4211 EXT - 00000
VENDOR CLASS - SMALL
APPROVAL DATE - 10-01-86
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
OPH TOWN - 225

ADD 015 NAGELSCHMIDTS MARKET
101 LINDEN ST
ADDED 09-19-86 PITTSFIELD 01201
NAGELSCHMIDT HAPPY
413-443-4779 EXT - 00000
VENDOR CLASS - SMALL
APPROVAL DATE - 10-01-86
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
OPH TOWN - 236

ADD 016 NEW BOSTON STORE
SR 66 BOX 162
ADDED 09-19-86 SANDISFIELD 01255
MURRAY PETER
413-258-4522 EXT - 00000
VENDOR CLASS - SMALL
APPROVAL DATE - 10-01-86
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
OPH TOWN - 260

ADD 017 CRESCENT CREAMERY
85 S ONOTA ST
ADDED 09-19-86 PITTSFIELD 01201
BRODERICK WILLIAM
413-445-4548 EXT - 00000
VENDOR CLASS - SMALL
APPROVAL DATE - 10-01-86
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
OPH TOWN - 236

ADD 050 H P HOOD
85 S ONOTA ST
ADDED 09-30-86 PITTSFIELD 01201
LOEHR WILLIAM
413-443-1351 EXT - 00000
VENDOR CLASS - HOME DEL
APPROVAL DATE - 10-01-86
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0
OPH TOWN - 236

ADD 090 MC CLELLANO DRUG STORE
43 MAIN ST
ADDED 09-30-86 LEE 01238
DUNNING FRANCIS
VENDOR CLASS - PHARMACY
APPROVAL DATE - 10-01-86
TERMINATION DATE - 00-00-00
TERMINATION CODE - 0

WIC VENDOR EDIT LISTING

THE WIC VENDOR EDIT LISTING RECORDS ERRORS THAT WERE MADE ON VENDOR INPUT FORMS.

The WIC Vendor Edit Listing lists errors made on vendor input.

** The error flag "REJECTED" appears in the far right hand column of the Edit Listing. This means the entire record was rejected by the computer due to missing or unacceptable data in a critical field.

** The record as it appears on the input form is printed with a code for data missing or data unacceptable under each character in the field with the error. The key to the code is at the bottom of each page.

To fix these errors,

1. Correct or fill in the missing data on the input copy
2. Copy the corrected input
3. Resubmit the corrected input
4. Save the copy until the corrected data appears on the Vendor Update Listing.

WIC EDIT LISTING

WIC EDIT LISTING AS OF 10/22/86 PAGE 1
[redacted] WIC ALL SITES

INPUT CODE	PROG	VENDOR ID NO	TP	DATE	LINE NO	COMPANY NAME / REPRESENTATIVE / CLASS CODE		
V	[redacted]	005	1	09-26-86	1	STOP AND SHOP SUPERMARKET / PARROT / LANNY	4	REJECTED
	[redacted]	005	1	09-26-86	2	2ND LINE OF ADDRESS: BERNARDSTON ROAD / EXTRA LINE OF ADDRESS / TELEPHONE: 413-774-2772 / EXT.		REJECTED
						CITY OR TOWN	STATE	ZIP	DPN	APPROVAL DATE	SPECIAL USE CODES	TERMINATION CODE	DATE	
V	[redacted]	005	1	09-26-86	3	[redacted]	MA	01301	114	09-23-86			- -	REJECTED

*** PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

INPUT CODE	PROG	VENDOR ID NO	TP	DATE	LINE NO	COMPANY NAME / REPRESENTATIVE / CLASS CODE		
V	[redacted]	006	1	09-26-86	1	A L AVERY AND SON / AVERY / DENNIS	4	REJECTED
V	[redacted]	006	1	09-26-86	2	2ND LINE OF ADDRESS: MAIN STREET / EXTRA LINE OF ADDRESS / TELEPHONE: 413-339-4915 / EXT.		REJECTED
						CITY OR TOWN	STATE	ZIP	DPN	APPROVAL DATE	SPECIAL USE CODES	TERMINATION CODE	DATE	
V	[redacted]	006	1	09-26-86	3	[redacted]	MA	01339	053	10-01-86			- -	REJECTED

*** PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

INPUT CODE	PROG	VENDOR ID NO	TP	DATE	LINE NO	COMPANY NAME / REPRESENTATIVE / CLASS CODE		
	[redacted]	007	1	09-26-86	1	FOSTERS SUPER MARKET / FONTAINE / PAUL	4	REJECTED
	[redacted]	007	1	09-26-86	2	2ND LINE OF ADDRESS: 70 ALLEN STREET / EXTRA LINE OF ADDRESS / TELEPHONE: 413-773-9276 / EXT.		REJECTED
						CITY OR TOWN	STATE	ZIP	DPN	APPROVAL DATE	SPECIAL USE CODES	TERMINATION CODE	DATE	
	[redacted]	007	1	09-26-86	3	[redacted]	MA	01301	114	10-01-86			- -	REJECTED

*** PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

*** 1 BENEATH A FIELD MEANS DATA IS MISSING FOR A REQUIRED FIELD. RECORD IS ACCEPTED.
*** 2 BENEATH A FIELD MEANS UNACCEPTABLE DATA FORMAT FOR THAT FIELD. FIELD HAS BEEN SKIPPED BUT RECORD IS ACCEPTED.
*** 3 BENEATH A FIELD MEANS DATA FORMAT IS CORRECT BUT DATA ENTERED EXCEEDS RANGE OF ACCEPTABLE VALUES FIELD HAS BEEN SKIPPED BUT RECORD IS ACCEPTED
*** 4 BENEATH A FIELD MEANS DATA IS MISSING FOR A CRITICAL FIELD RECORD IS REJECTED.
*** 5 BENEATH A FIELD MEANS DATA IS UNACCEPTABLE FOR A CRITICAL FIELD RECORD IS REJECTED.

WIC VENDOR UPDATE REJECT LISTING

THE WIC VENDOR UPDATE REJECT LISTING LISTS ERRORS INVOLVING VENDOR NUMBERS.

The following types of errors are flagged under REJECT DESCRIPTION/REJECT REASON on the WIC Vendor Update Reject Listing:

DUPLICATE - TRANS TYPE ADD - A Type 1 input was submitted with a vendor number already found in the Vendor Masterfile.

NO MATCH - TRANS TYPE CHG - A Type 2 input was submitted to change information on a vendor number not found in the Vendor Masterfile.

NO MATCH - TRANS TYPE DELETE - A Type 2 input was submitted to delete information on a vendor number not found in the Vendor Masterfile.

For all of these errors, trace the source of the problem. Correct and resubmit the input as appropriate, and save a copy of the input until the correct data appears on the Vendor Update Listing.

WIC VENDOR UPDATE REJECTS LISTING

WIC VENDOR UPDATE REJECTS 10/21/86 PAGE 1

[redacted] WIC

VENDOR INFORMATION		REJECT DESCRIPTION		
[redacted]	002 EDWARDS FOOD WAREHOUSE	REJECT REASON	NO MATCH	TRANS TYPE CHG

OFFICE VENDOR FILES

KEEP COPIES OF ALL MATERIALS PERTAINING TO VENDORS WITH WHOM YOU HAVE A CURRENT AGREEMENT IN AN ACTIVE VENDOR FILE.

KEEP APPLICATIONS AND REJECTION LETTERS FOR VENDORS WITH WHOM YOU DID NOT SIGN AN AGREEMENT IN AN INACTIVE VENDOR FILE.

KEEP RECORDS AND TERMINATION/DISQUALIFICATION LETTERS FOR FORMER VENDORS IN A TERMINATED VENDOR FILE.

KEEP COPIES OF VENDOR MATERIALS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

For each currently authorized vendor, maintain on file:

1. Vendor application with July 1 price list (both signed)
2. Mandatory minimum checklist
3. Composite price calculation sheet
4. Acceptance letter (copy) and receipt
5. Last page of vendor agreement (with vendor and WIC signatures)
6. Vendor stamp receipt
7. Quarterly price lists or documentation of efforts to obtain them
8. On-site review forms (if applicable)
9. Home delivery surveys (if applicable)
10. Written participant and vendor complaints (if any), with follow-up
11. Copies of all correspondence, such as:
    - authorization expiration letter
    - warning letter and vendor's response to it
12. "Flow sheet" to document concerns, notes of phone calls, etc.

MAINTAINING POSITIVE RELATIONSHIPS WITH WIC VENDORS

TO INCREASE WIC'S EFFECTIVENESS IN THE COMMUNITY, MAINTAIN A POSITIVE AND SUPPORTIVE RELATIONSHIP WITH YOUR VENDORS.

TRY TO CONTACT EACH VENDOR AT LEAST TWICE A YEAR.

COMMEND VENDORS WHO TAKE AN INTEREST IN THE WIC PROGRAM AND WHO ARE RESPONSIVE TO PARTICIPANTS.

VENDOR CONTACTS

Vendors are an important link between your WIC Program and your community. WIC participants often have more contact with WIC vendors than they do with your staff. Therefore, make every effort to include vendors in your educational and public relations efforts.

If possible, contact each vendor at least twice a year to discuss his/her opinions and suggestions about WIC and any problems s/he may be having, so that you can take any necessary action. These two contacts may include visits or phone calls made for other purposes, as long as you also discuss these issues, and questionnaires.

Document each contact in the vendor's file.

USING VENDORS FOR OUTREACH

— Make sure all vendors have an "Authorized WIC Vendor" sign.

— Give all vendors material describing the WIC Program, outlining eligibility criteria, and explaining how to apply.

— You may wish to leave nutrition education materials with the vendor. "Point of purchase" education about WIC foods can help reinforce WIC's nutrition education.

VENDOR EDUCATION

PROVIDE EDUCATION TO WIC VENDORS TO SOLVE PROBLEMS AND TO MEET THEIR NEEDS AND INTERESTS IN WIC.

DOCUMENT VENDOR EDUCATION CONTACTS IN THE VENDOR'S FILE.

VENDOR EDUCATION

Vendor education includes any contact you make with the vendor to explain the WIC program or to solve problems with participants. This includes visits to or from the vendor, letters, mailings, and phone calls. Vendor education can take place with individual vendors or in groups. Keep in touch with your vendors; ask them what information they need about WIC and what kind of training and materials would be helpful to managers and cashiers.

Make sure the vendor has enough copies of the cashier card so that s/he can post one at each register. Remind the vendor of the importance of training cashiers about WIC procedures. Distribute the Vendor's Guide to WIC Issues.

Vendor education sessions can be either formal or informal. Gear the manner and intensity of the education session to the subject matter.

NOTIFYING VENDORS OF POLICY CHANGES

When you change any WIC policies or procedures that impact on your vendors, notify them verbally and then to follow up with a letter reinforcing the information.

The state WIC office notifies vendors directly of any statewide policy changes such as new allowable WIC foods, and expects that you will clarify any questions your vendors have about the new policy.

COMMENTS AND COMPLAINTS FROM VENDORS

ENCOURAGE VENDORS TO VOICE THEIR OPINIONS ABOUT WIC PROGRAM OPERATIONS.

Take vendors' comments and complaints seriously. They may help you to identify areas where further participant education is needed or where WIC procedures need to be improved.

When a vendor has a complaint about WIC procedures, it may be due to a lack of understanding of the WIC Program. Use this opportunity to help vendors understand WIC's goals and approach.

VENDOR COMMENTS AND COMPLAINTS

1. When a vendor has a comment or complaint about the WIC Program, fill out a "VENDOR'S COMMENT/COMPLAINT FORM". Attach the vendor's written complaint, if any.

2. Try to act on all complaints within two weeks.

3. File the completed "VENDOR COMMENT/COMPLAINT FORM" in the vendor's file.

4. Send a copy of the "VENDOR COMMENT/COMPLAINT FORM" to the state WIC office.

VENDOR REIMBURSEMENTS

A VENDOR REIMBURSEMENT IS PAYMENT OF A VOUCHER BY THE STATE WIC OFFICE INSTEAD OF THE WIC BANK.

VOUCHERS REJECTED BY THE BANK FOR THE FOLLOWING REASONS MAY ONLY BE REIMBURSED BY THE STATE OFFICE:

- INVALID OR COUNTERFEIT VENDOR STAMP
- EXPIRED
- OVERPRICED
- PRICE ALTERED, IN PENCIL, MISSING OR ILLEGIBLE
- ALTERED SIGNATURE OR DATE
- NO NAME OR NO DATE
- VOUCHER ALREADY REJECTED FOR ANOTHER PROBLEM, NOT CORRECTED (E.G. NO VENDOR STAMP)

VENDORS MAY SUBMIT THESE VOUCHERS TO THE STATE WIC OFFICE, WHICH WILL PAY IF APPROPRIATE.

HAVE VENDORS SUBMIT ALL VOUCHERS WITH ALTERED PRICES AND VOUCHERS WHICH EXCEED $20.00 DIRECTLY TO THE STATE WIC OFFICE. THESE VOUCHERS WILL BE ROUTINELY PAID IF LEGITIMATELY PRICED.

STANDARD PROCEDURE

The vendor mails vouchers to the Vendor Compliance Assistant, State WIC office, requesting payment and explaining why. State staff will review the requests, including checking quarterly price lists, and authorize the WIC bank to pay the vendor the appropriate amount, if any. The bank will send the vendor a check with a statement of the voucher numbers being reimbursed and the amount paid for each voucher.

Vendors may call the state WIC office for information on the status of any voucher in this process.

STOP PAYMENTS

If a vendor accepts a voucher on which payment was stopped, the state WIC office will reimburse her/him if s/he accepted the voucher in good faith and followed all WIC procedures (e.g., checked signatures, etc.) Have the vendor submit the voucher and explanation to the state WIC office. Bounced-check fees will also be reimbursed in these cases if the vendor sends a copy of the bank statement listing the fee.

VENDOR MONITORING

VENDOR MONITORING TAKES PLACE AT BOTH THE STATE AND LOCAL LEVEL.

VENDOR MONITORING AT THE LOCAL LEVEL INCLUDES:

1. OBTAINING QUARTERLY PRICE LISTS
2. RESPONDING TO COMMENTS AND COMPLAINTS FROM PARTICIPANTS
3. CONDUCTING VENDOR REVIEWS
4. SENDING WARNING LETTERS
5. NOTIFYING THE STATE WIC OFFICE OF WARNINGS AND SERIOUS PROBLEMS AND COMPLAINTS AGAINST ANY WIC VENDOR.

Vendor monitoring is a responsibility shared between the state WIC office and the local WIC programs.

** At the local level, you are responsible for monitoring vendors' compliance with the WIC Program, especially to ensure that participants receive satisfactory service from vendors. If you would like assistance with monitoring techniques, contact the state WIC office.

** At the state level, monitoring includes analysis of redeemed vouchers to detect overcharging and other problems, and compliance buys based on local WIC programs' requests and other sources of information.

QUARTERLY PRICE REPORTING

SEND EACH WIC VENDOR A QUARTERLY PRICE LIST BEFORE THE BEGINNING OF EACH QUARTER. THE STATE WIC OFFICE PROVIDES THESE LISTS.

MAKE SURE EACH WIC VENDOR SUBMITS A COMPLETED PRICE LIST TO YOU ON TIME EACH QUARTER.

PHARMACIES AUTHORIZED AS BOTH A PHARMACY AND A FOOD STORE MUST SUBMIT BOTH PRICE LISTS.

SEND COPIES OF ALL OF YOUR QUARTERLY PRICE LISTS TO THE STATE WIC OFFICE BY THE 15TH DAY OF THE QUARTER. SEND LATE LISTS AS SOON AS YOU RECEIVE THEM.

CONTACT THE STATE WIC OFFICE IF YOU NOTICE ANY UNUSUAL PRICE INCREASES.

All WIC authorized WIC vendors must submit accurate Quarterly Price Lists. THERE ARE NO EXCEPTIONS. The state WIC office uses Quarterly Price Lists to monitor vendors' prices, to determine whether prices charged on vouchers are legal or not, and as evidence in vendor investigations.

DEADLINES FOR QUARTERLY PRICE LISTS

1. OCTOBER 1 PRICE LIST During the vendor authorization session, give each vendor a Food Vendor or Pharmacy Price List dated October 1, and a "QUARTERLY PRICE LIST LETTER" stating that the price list is due back in your office by October 8.

2. JANUARY 1 PRICE LIST By December 20, send each vendor a price list dated January 1 and a a "QUARTERLY PRICE LIST LETTER" stating that the price list is due back in your office by January 9.

3. APRIL 1 PRICE LIST By March 20, send each vendor a price list dated April 1 and a "QUARTERLY PRICE LIST LETTER" stating that the price list is due back in your office by April 8.

4. JULY 1 PRICE REPORT By June 20, send all vendors who <u>have not requested</u> an application for the coming fiscal year a price list dated July 1 and a "QUARTERLY PRICE LIST LETTER" stating that the price list is due back in your office by July 15 (or the date vendor applications are due).

   Currently participating vendors who have requested and submitted a vendor application for the upcoming fiscal year do not need to submit another price list for July.

See the Vendor Application Packet for a copy of the Quarterly Price List.

LATE QUARTERLY PRICE LISTS

If a vendor does not submit a Quarterly Price List on time, send her/him the "LATE QUARTERLY PRICE LIST LETTER", giving the vendor one week to submit the list before sanction points are applied.

For more information about sanctions and warning letters, see the VENDOR SANCTIONS section of this Procedure Manual.

UNUSUAL PRICE INCREASES

You are encouraged to review all quarterly price lists to detect unusual price increases, especially as compared to the prices in the vendor's application. Contact the state WIC office if you notice any questionable increases. Vendors with price increases which cannot be justified by inflation and/or other legitimate factors may be disqualified if they do not lower prices to an acceptable level.

COMMENTS AND COMPLAINTS FROM PARTICIPANTS

DOCUMENT ALL PARTICIPANT COMPLAINTS ABOUT VENDORS.

INFORM PARTICIPANTS REPORTING VIOLATIONS BY A VENDOR THAT THEY ARE NOT OBLIGED TO TESTIFY IN COURT OR IN A FAIR HEARING UNLESS THEY WISH TO.

FOLLOW EACH PARTICIPANT COMPLAINT OR COMMENT WITH A VENDOR REVIEW, LETTER TO THE VENDOR, OR PHONE CALL.

NEVER MENTION THE PARTICIPANT'S NAME TO A VENDOR.

THE PARTICIPANT'S ROLE IN VENDOR MONITORING

For participants to be able to assist in vendor monitoring, they must clearly understand how to redeem their WIC vouchers.

Make it clear to them that you want to know if they ever have any problems with WIC vendors, including problems redeeming their vouchers or obtaining WIC foods. Some options for soliciting participant input are:

- o putting a suggestion/complaint box in your office
- o distributing a questionnaire asking about vendors.

Tell participants they do not have to give their name when making a complaint, but a signed statement is helpful for documentation.

USING THE PARTICIPANT'S COMMENT/COMPLAINT FORM

Use the "PARTICIPANT'S VENDOR COMMENT/COMPLAINT FORM" to document any comments or complaints that you receive about a vendor, and your follow-up. The complaint must be written or dictated by the participant, in her/his own words. Comments or notes by WIC staff are not acceptable documentation of a participant complaint.

- Put a copy of the form in the vendor's file.
- Document any response by the vendor in the vendor's file.
- Send a copy of the completed comment/complaint form to the state WIC office.

NOTE: If a participant complaint indicates a problem which may require a Sanction Score, obtain any possible additional documentation of the problem, to make a stronger case for sanctioning the vendor.

VENDOR REVIEWS

IF YOU SUSPECT A VENDOR IS ABUSING THE WIC PROGRAM, CONDUCT A VENDOR REVIEW OR ASK THE STATE WIC OFFICE TO CONDUCT A COMPLIANCE BUY.

REVIEW AT LEAST 10% OF YOUR VENDORS, SELECTED ON A REPRESENTATIVE BASIS, DURING THE FIRST HALF OF THE FISCAL YEAR. TRY TO REVIEW ALL YOUR VENDORS ONCE A YEAR.

IF THE STATE WIC OFFICE HAS DESIGNATED ANY OF YOUR VENDORS AS "HIGH RISK" VENDORS, YOU WILL RECEIVE SPECIFIC INSTRUCTIONS ON HOW TO MONITOR THEM.

CONTACT THE STATE WIC OFFICE IF YOU DISCOVER SERIOUS PROBLEMS DURING A VENDOR REVIEW.

Select the 10% sample of vendors to be representative of all vendors, i.e. ensure that vendors of various types, sizes and locations are monitored.

During the vendor review:

1. Check prices and review the Mandatory Minimum of WIC foods
2. Review other WIC procedures and requirements
3. Provide technical assistance as needed

Conduct vendor reviews as often as necessary, especially:

- After you receive one or more complaints about a vendor
- If you receive a call for technical assistance from the vendor
- After you receive a Quarterly Price Report from a vendor that seems unusual (for example, the prices are very high or very low, or it appears that the vendor no longer carries the Mandatory Minimum).

To schedule a vendor review, call the vendor to arrange a mutually convenient time. Send a confirmation letter and keep a copy in the vendor's file.

You may also conduct unannounced vendor reviews in cases of suspected violations.

Complete a "VENDOR REVIEW FORM" for each visit. (See the Originals Packet for a copy.) You need not complete the whole form for repeat visits if a recent form is on file. Record all your findings. Indicate any questions or problems the vendor had, and explain your responses. Record any follow-up needed. Keep the form in the vendor's file, and send a copy to the state WIC office.

Follow the review with a letter to the vendor indicating your findings, and indicating any changes you want the vendor to make. Keep a copy of the letter and follow-up in the vendor's file, and send a copy to the state WIC office.

VENDOR WARNING LETTERS

If you discover a problem during the vendor review that may result in sanction points being applied, send the "VENDOR REVIEW WARNING LETTER"; include the date by which the problem must be corrected.

Keep a copy in the vendor's file and send a "VENDOR COORDINATOR FOLLOW-UP LETTER" to the state WIC office, noting the outcome.

HOME DELIVERY MONITORING

SURVEY 5% OF ALL HOME DELIVERY PARTICIPANTS EACH MONTH.

RIDE EACH HOME DELIVERY TRUCK AT LEAST ANNUALLY.

WHEN MONITORING A HOME DELIVERY VENDOR, OBTAIN FROM THAT VENDOR A WRITTEN LIST OF ALL PARTICIPANTS SERVED.

PROVIDE EXTRA TRAINING TO VENDORS AND PARTICIPANTS WHERE WIC PROCEDURES ARE NOT BEING FOLLOWED.

Follow these procedures when monitoring home delivery vendors:

1. Obtain from the vendor a written list of all participants s/he serves. If this is a problem, remind her/him that the Vendor Agreement states the need to keep records for three years.

2. Survey 5% of all home delivery participants each month, so that samples are distributed as evenly as possible across vendors and trucks. Have the participant fill out the "HOME DELIVERY SURVEY FORM" or interview her/him over the phone and fill it out yourself. Include any questions of your own. Use the survey results to document compliance and to indicate if further monitoring is necessary.

3. Ride each truck at least annually to verify that WIC procedures are being followed. Use the Vendor Agreement as a guide, and notify the state WIC office if sanctioning is appropriate. Document all inspections.

4. Provide extra training to vendors and participants where WIC procedures are not being followed. Call the WIC Vendor Coordinator if you have a need or suggestions for specific training materials.

VENDOR SANCTIONS

IF YOU DISCOVER THAT ANY VENDOR WITH WHOM YOU HAVE SIGNED AN AGREEMENT IS ABUSING THE WIC PROGRAM, FOLLOW UP WITH A WARNING LETTER OR FURTHER INVESTIGATION IF NECESSARY. IN CASES OF SERIOUS ABUSE, CONTACT THE STATE WIC OFFICE FIRST.

ONLY THE STATE WIC OFFICE MAY APPLY A SANCTION SCORE OR DISQUALIFY A VENDOR.

SEE THE VENDOR AGREEMENT FOR THE FULL SANCTION POLICY.

1. If you suspect that a vendor is abusing the WIC Program, verify your suspicions by:

   - o Conducting a vendor review, or
   - o Asking the state WIC office to conduct a "compliance buy", or
   - o Getting three separate complaints written or dictated by three separate participants of the same abuse by the same vendor.

   The first two options are preferable.

2. After you have documented the violation, send a warning letter to the vendor. (For serious abuse, first contact the state WIC office.) Use these letters provided in the Originals Packet:

   - "PARTICIPANT COMPLAINT WARNING LETTER" (may be sent after the first complaint)
   - "VENDOR REVIEW WARNING LETTER"
   - "OTHER KNOWN ABUSES WARNING LETTER"

   Send the letter by certified mail or hand deliver it. Send a copy to the state WIC office, and keep a copy of the warning letter and the certified mail receipt in the vendor's file.

3. Send the "VENDOR COORDINATOR FOLLOW-UP LETTER" to the state WIC office noting the outcome. The state WIC office will apply any needed Sanction Score and/or other sanctions, including disqualification.

4. If the WIC Vendor Sanction Policy indicates that the vendor should be disqualified from the WIC Program but you feel that this course of action is not appropriate, CONTACT THE STATE WIC OFFICE IMMEDIATELY to request a waiver of the sanction. Be prepared to document your concerns.

VENDOR APPEALS

VENDORS HAVE THE RIGHT TO APPEAL DECISIONS THAT ADVERSELY AFFECT THEIR PARTICIPATION IN THE WIC PROGRAM.

A vendor has the right to appeal:

1. Denial of an application to participate in the WIC Program
2. Disqualification from participation in the WIC Program
3. Any other "adverse action" which affects her/his participation in the WIC Program.

REQUESTS FOR VENDOR FAIR HEARINGS

VENDORS MAY APPEAL A DECISION AFFECTING THEIR PARTICIPATION IN THE WIC PROGRAM BY REQUESTING A FAIR HEARING IN WRITING FROM THE STATE WIC OFFICE WITHIN THIRTY DAYS FROM THE DATE OF THE DECISION THEY ARE APPEALING.

There is no standard form for a vendor to use in requesting a fair hearing.

Tell vendors to address their requests for a fair hearing to:

Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, Massachusetts 02111

and to make sure the state WIC office receives their request within 30 days of the date they were notified of the decision.

VENDOR PARTICIPATION PENDING A FAIR HEARING

THERE IS A MANDATORY 15-DAY NOTIFICATION PERIOD BEFORE "ADVERSE ACTION" SUCH AS DISQUALIFICATION MAY BE TAKEN AGAINST A VENDOR. IF A VENDOR WHO APPEALS A DECISION IS ALREADY AUTHORIZED, S/HE MAY NOT NORMALLY CONTINUE TO ACCEPT WIC VOUCHERS WHILE AWAITING THE HEARING OFFICER'S DECISION.

IF A VENDOR THAT IS NOT A CURRENTLY AUTHORIZED APPEALS A WIC DECISION, THAT VENDOR MAY NOT ACCEPT VOUCHERS WHILE AWAITING THE HEARING DECISION.

After the 15-day notification period, the state WIC office may take adverse action against a vendor, such as disqualification, effective immediately. The state WIC office may, however, decide instead to postpone adverse action until a hearing decision is rendered, considering inconvenience to participants and other relevant criteria. In such a case, until the decision is received, the state WIC office may require the vendor to deposit vouchers directly to the WIC Program for reimbursement rather than to the bank.

VENDOR FAIR HEARING PROCEDURES

VENDOR HEARINGS ARE CONDUCTED BY AN INDEPENDENT, IMPARTIAL HEARING OFFICER APPOINTED BY THE DEPARTMENT OF PUBLIC HEALTH.

VENDORS MAY REVIEW THE WIC FILE ON THEIR CASE UPON REQUEST.

PREPARING FOR THE HEARING

1. When the state WIC office receives a request for a hearing, they will contact you to schedule a meeting to discuss the case.

2. Before the meeting, prepare a case file containing all relevant documents, such as:

   For Denied Applications

   - map clearly showing the areas of competition noted on your Vendor Selection Plan, and location of approved WIC vendors
   - statistics on location of WIC participants
   - rationale and documentation for limiting factors given in Vendor Selection Plan such as geographic or other factors
   - means of access for WIC participants to selected vendors (public transportation, mileage, etc.)
   - results of Participant Shopping Survey, if available
   - applications with price lists for all vendors competing with denied vendor
   - list of all competitors, ranked by composite price
   - composite price calculations for all competitors
   - letters of acceptance or denial for all competitors
   - any information documenting inaccuracies in the application
   - lists from home delivery vendors of participants served (as needed).

For Disqualified Vendors

- vendor agreement
- compliance buy reports
- participant complaints
- correspondence

3. At the meeting, you and the state WIC office will discuss the case file and the reasons for the adverse action, and prepare for the hearing.

4. The state WIC office schedules the hearing to take place within 30 days of the receipt of the request, and sends a hearing notice stating the date, time, and place for the hearing to the vendor by certified mail. Copies are sent to you and the Hearing Officer.

5. After the hearing is scheduled, it may be rescheduled once, at the vendor's request.

CONDUCTING THE HEARING

1. The hearing is informal, and may be tape-recorded.

2. The WIC Program presents its case first.

   o The designated representative of the state WIC office (usually an attorney from the Office of General Counsel for the Department of Public Health) makes an opening statement to explain, in a general way, why the decision being appealed was taken.

   o The WIC Program presents witnesses to show that the basis for the decision is accurate.

      * You may be asked to explain any program abuses, warnings, participant complaints, or vendor selection data relevant to the case
      * A participant may be asked to testify
      * An investigator may explain any compliance buy(s) performed
      * State WIC staff may discuss state policies, federal regulations, and duration of any sanction.

   o The vendor may question any WIC Program witnesses directly following their testimony.

3. The vendor (or her/his lawyer, spokesperson, or other representative) then presents the vendor's case. S/he may make an opening statement and present witnesses who may be cross-examined by the representatives for the state WIC program.

THE HEARING DECISION

1. The hearing officer has sixty days from the date of the initial hearing request to write the decision and to mail it by certified mail to the vendor. S/he also sends copies to you and to the state WIC office.

2. The hearing officer's decision is final.

3. The vendor may appeal the hearing decision to Superior Court.

MASSACHUSETTS

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN

(WIC PROGRAM)

FISCAL YEAR 1988

STATE PLAN

SECTION 3: STATE OPERATIONS

PUBLICATION: #15074-65-114-10-87-C.R.
APPROVED BY: State Purchasing Agent

STATE PLAN

Section 3: State Agency Operations

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STATE AGENCY OPERATIONS

The state WIC office has overall responsibility for the "effective and efficient administration of program operations within its jurisdiction".

The state WIC office provides guidance on all aspects of program operations to the local agencies providing WIC services to participants, and ensures that local WIC programs conform to federal administrative guidelines and instructions.

The state WIC office hires sufficient staff to ensure the provision of, at a minimum, nutrition education, certification, monitoring, fiscal reporting, food delivery and training.

The state agency maintains a staff/participant ratio appropriate for efficient program operation, and conforms to federal regulations defining minimum qualifications for state agency positions. Every effort is made to hire minority staff, and state agency hiring practices comply with the non-discrimination criteria outlined in the regulations.

The state WIC office submits an annual State Plan of Operations to USDA which contains a section outlining the state's goals and objectives for the coming fiscal year, a local WIC program procedures manual, and a section describing the state's operations.

Finally, the state WIC office holds public hearings once a year throughout the state, accessible to the public and publicized in advance, to enable interested persons to comment on state agency operations.

THE MASSACHUSETTS WIC PROGRAM

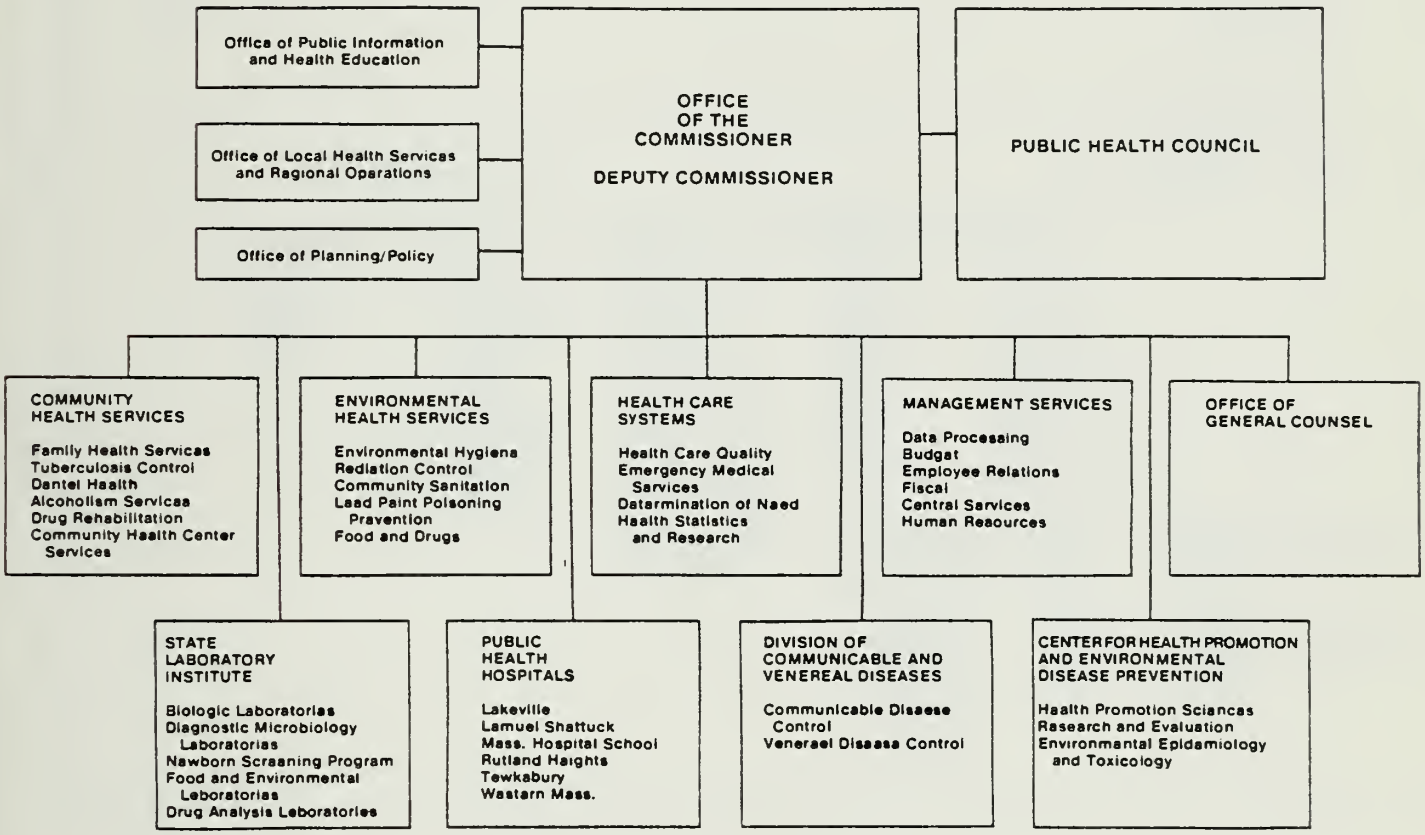
The following sections describe the location of the Massachusetts WIC Program within the Department of Public Health, and outline the staffing of the state WIC office.

Also included is a description of the WIC Advisory Council which provides advice to the state agency on policy regarding the Massachusetts WIC Program, and a complete listing of Massachusetts local WIC programs.

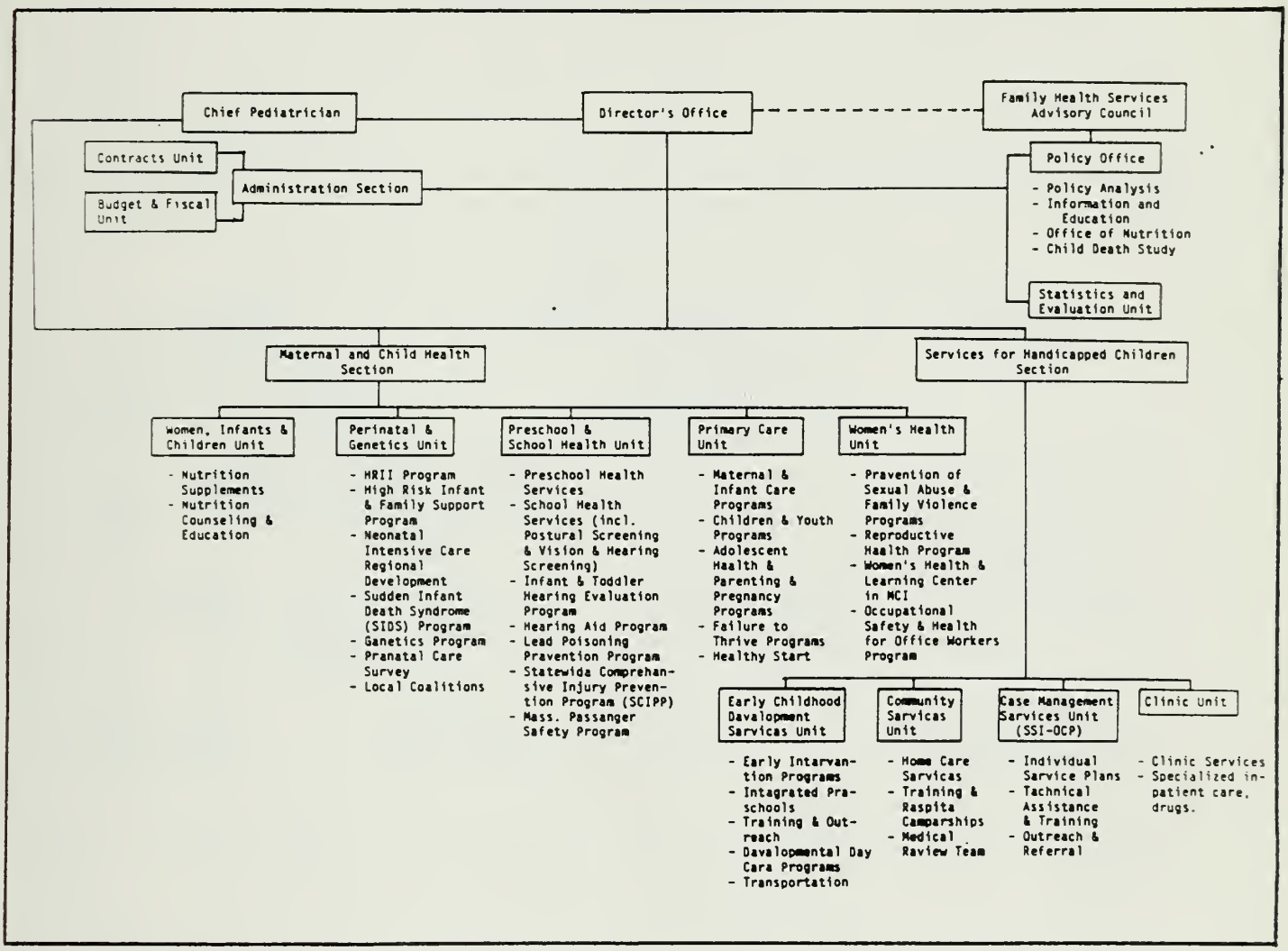
EXECUTIVE OFFICE OF HUMAN SERVICES

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

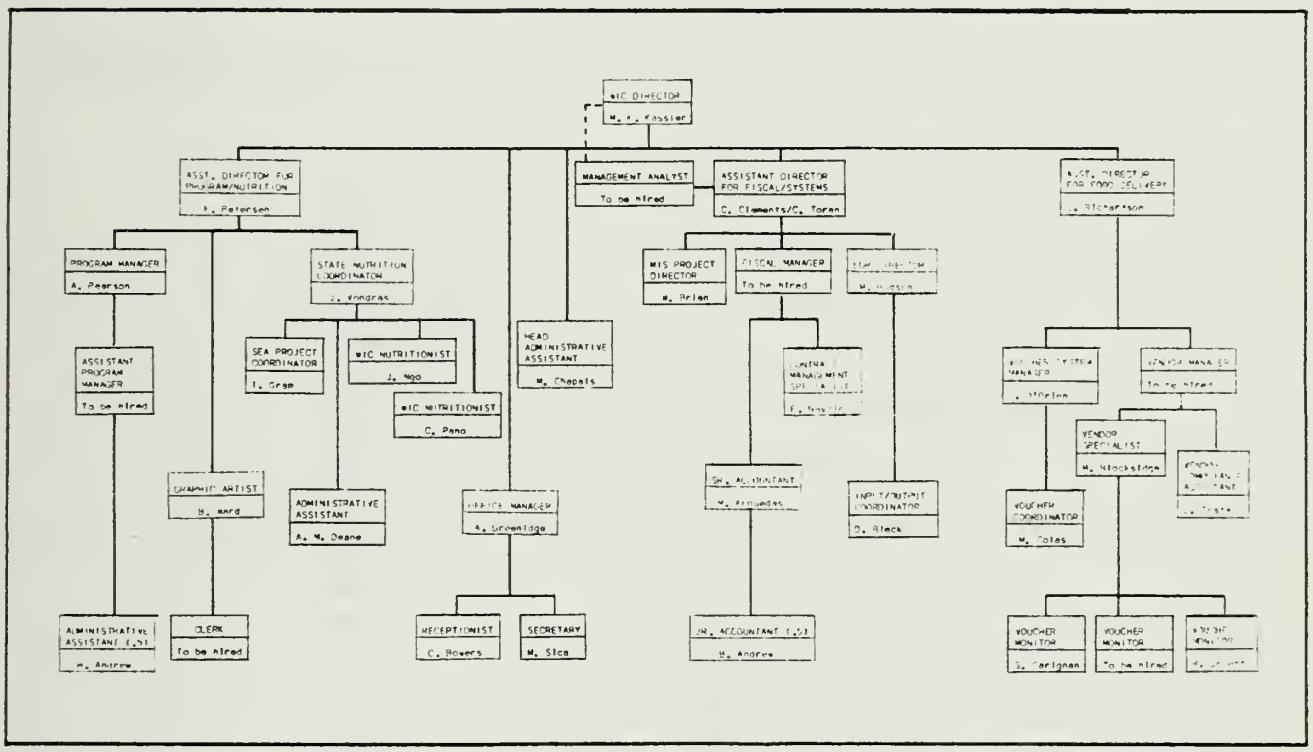
June 30, 1984



DIVISION OF FAMILY HEALTH SERVICES


Chief Pediatrician
Director's Office
Family Health Services Advisory Council
Contracts Unit
Budget & Fiscal Unit
Administration Section
Policy Office
- Policy Analysis
- Information and Education
- Office of Nutrition
- Child Death Study
Statistics and Evaluation Unit
Maternal and Child Health Section
Services for Handicapped Children Section
Women, Infants & Children Unit
- Nutrition Supplements
- Nutrition Counseling & Education
Perinatal & Genetics Unit
- HRII Program
- High Risk Infant & Family Support Program
- Neonatal Intensive Care Regional Development
- Sudden Infant Death Syndrome (SIDS) Program
- Ganetics Program
- Pranatal Care Survey
- Local Coalitions
Preschool & School Health Unit
- Preschool Health Services
- School Health Services (incl. Postural Screening & Vision & Hearing Screening)
- Infant & Toddler Hearing Evaluation Program
- Hearing Aid Program
- Lead Poisoning Pravention Program
- Statewida Comprehansive Injury Prevention Program (SCIPP)
- Mass. Passanger Safety Program
Primary Care Unit
- Maternal & Infant Care Programs
- Children & Youth Programs
- Adolescent Haalth & Parenting & Pregnancy Programs
- Failure to Thrive Programs
- Healthy Start
Women's Health Unit
- Pravention of Sexual Abuse & Family Violence Programs
- Reproductive Haalth Program
- Women's Health & Learning Center in MCI
- Occupational Safety & Health for Office Workers Program
Early Childhood Davalopment Sarvicas Unit
- Early Intarvantion Programs
- Intagrated Praschools
- Training & Outreach
- Davalopmental Day Cara Programs
- Transportation
Community Sarvicas Unit
- Home Care Sarvicas
- Training & Raspita Camparships
- Medical Raview Team
Case Management Sarvices Unit (SSI-OCP)
- Individual Sarvice Plans
- Tachnical Assistance & Training
- Outreach & Referral
Clinic Unit
- Clinic Services
- Specialized in-patient care, drugs.

MASSACHUSETTS WIC PROGRAM



9/87

WIC ADVISORY COUNCIL

GOAL: To provide advisory opinion to the State agency on policy for the Massachusetts WIC Program

MEMBERSHIP: To be appointed by the Commissioner of Public Health and comprise a broad group of active public and state representatives:

- WIC consumer from each public health region (5)
- private citizen
- local WIC provider agency executive director
- WIC vendor
- physician or nurse with WIC experience
- state WIC director
- state WIC nutrition coordinator
- president or representative of the Massachusetts WIC Directors Association
- chair or representative of Massachusetts WIC Nutritionists Association
- Member of State Legislature from Committee on Human Services and Elderly Affairs or Health Care
- WIC advocate
- member of FHS Advisory Council or Nutrition Board
- Director or designee, DPH Office of Nutrition
- Director or designee, DPH Maternal & Child Health
- Director or designee, Governor's Office of Human Resources
- Secretary or designee, Executive Office of Human Services
- Director or designee, Office for Children
- Commissioner or designee, Department of Public Welfare

TERM OF OFFICE: Two years.

MEETINGS: Five times a year.

WIC ADVISORY COUNCIL

FY 87

AFFILIATION	NAME AND TITLE	ADDRESS AND PHONE NUMBER
WIC Consumer: West	Cynthia Buchanan	
WIC Consumer: Central	Damaris Ramos	
WIC Consumer: Northeast	Susan Brewster	
WIC Consumer: Southeast	Barbara Angilini	
WIC Consumer: Boston	Dineo Gary	
Private Citizen/Chair	David Mofenson, Esq.	
WIC Advocate	Steven Savner, Attorney	Massachusetts Law Reform Institute 69 Canal Street, Boston, MA 02114 617-742-9250
Local Agency Executive Director	Leslie T. Laurie, Executive Director	Family Planning Council of Western MA 16 Center Street, Northampton, MA 01060 413-586-2016
WIC Vendor	Milton W. Segel, President	Massachusetts Food Association 31 Milk Street, Suite 817, Boston, MA 02109 617-542-3085
Physician or Nurse with WIC experience	Quang D. Tran, M.D.	
President or Representative: MA WIC Directors Association	Erica Krull, Program Director	Brockton WIC Program 33 Adams Street, Brockton, MA 02402 617-588-8241
President or Representative: MA WIC Nutritionists Association	Margaret Jardin and Ann Marie Restuccia, Nutritionists	North Shore WIC Program Lynn Community Health Center P.O. Box 526, Lynn, MA 01901 617-581-3900
Member: FHS Advisory Board or Nutrition Board	Sue Tenorio, Ed.D	Pioneer Valley AHEC Springfield Technical Community College 1 Amory Square, Springfield, MA 01105 413-781-7822
Member: Legislative Committee on Health Care or Human Services & Elderly Affairs	The Honorable Edward L. Burke, Chairman Meg Campbell, Research Analyst	Committee on Health Care Senate, Commonwealth of Massachusetts State House, Room 413C, Boston, MA 02133 617-722-1640
Representative: Secretary, Executive Office of Human Services	Mary Ann Hart, Director of Health Policy	Executive Office of Human Services One Ashburton Place, 11th floor Boston, MA 02114 617-727-4164
Representative: Director, Governor's Office of Human Resources	Connie Williams, Chief Policy Analyst	Governor's Office of Human Resources State House, Room 109, Boston, MA 02133 617-727-6692

AFFILIATION	NAME AND TITLE	ADDRESS AND PHONE NUMBER
Representative: Director, Office for Children	Gail Forman Daniels	Taunton Council for Children 18 Broadway, Room 12, Taunton, MA 02780 617-727-0886
Representative: Commissioner, Department of Public Welfare	Chela Tawa, Director of Community Relations	Department of Public Welfare 180 Tremont Street, Boston, MA 02111 617-574-0234
Director, Office of Nutrition	Ruth Palombo, Director	Office of Nutrition DPH Division of Family Health Services 150 Tremont Street, 4th floor Boston, MA 02111 617-727-9283
Director, Maternal and Child Health	Kathy Messenger, Acting Director	Maternal & Child Health Services DPH Division of Family Health Services 150 Tremont Street, 3rd floor Boston, MA 02111 617-727-0940
State WIC Director	Mary Kelligrew Kassler, Director	Massachusetts WIC Program 150 Tremont Street, 3rd floor Boston, MA 02111 617-727-6876
State Nutrition Coordinator	Jack Vondras, State Nutrition Coordinator	Massachusetts WIC Program 150 Tremont Street, 3rd floor Boston, MA 02111 617-727-6876

Massachusetts WIC

PROGRAM LIST

WESTERN REGION	
1. BERKSHIRE	Pittsfield
2. FRANKLIN COUNTY	Greenfield
3. HAMPSHIRE COUNTY	Northampton
4. HOLYOKE/CHICOPEE	Chicopee
5. SOUTH BERKSHIRE	Gt. Barrington
6. BERKSHIRE	Springfield

CENTRAL REGION	
7. ATHOL	Athol
8. NORTH CENTRAL	Fitchburg
9. SOUTH CENTRAL	Webster
10. WORCESTER	Worcester

NORTHEAST REGION	
11. HAVERHILL	Haverhill
12. LAWRENCE	Lawrence
13. LOWELL	Lowell
14. MALDEN/REVERE	Malden
15. NORTH SHORE	Lynn

SOUTHEAST REGION	
16. BROCKTON	Brockton
17. CAPE COD	Hyannis
18. FALL RIVER	Fall River
19. NEW BEDFORD	New Bedford
20. PLYMOUTH	Plymouth
21. TAUNTON	Taunton

BOSTON AREA	
22. ALLSTON/BRIGHTON	Brighton
23. CAMBRIDGE	Cambridge
24. CHARLESTOWN/CHELSEA	Charlestown
25. DORCHESTER/ROXBURY	Dorchester
26. EAST BOSTON	East Boston
27. FRAMINGHAM	Framingham
28. JAMAICA PLAIN	Jamaica Plain
29. QUINCY	Quincy
30. ROXBURY	Roxbury
31. SOMERVILLE/MEDFORD	Somerville
32. SOUTH BOSTON	South Boston
33. SOUTH DORCHESTER/ ROSLINDALE	Neponset
34. SOUTH END	South End
35. UPHAM'S CORNER	Dorchester

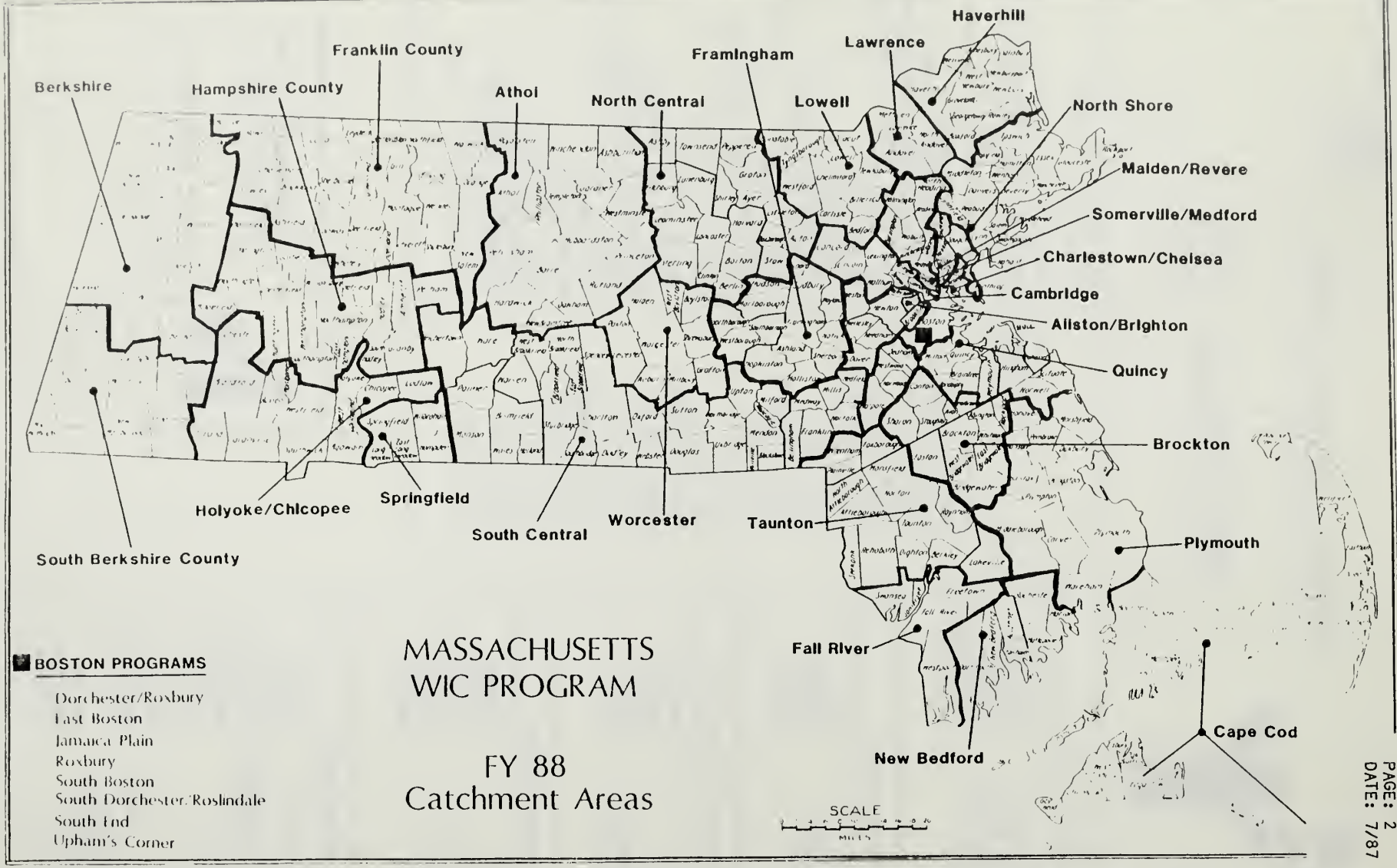
STATE WIC AGENCY STAFF

150 Tremont Street, 3rd floor, Boston, MA 02111
(617) 727-6876, 6878 727-6922, 6923

Mary K. Kassler	State WIC Director
Lucy Richardson	Assistant Director - Food Delivery
Christine Clements	Assistant Director - Systems and Fiscal
Carey Toran	Assistant Director - Systems and Fiscal
Florence Petersen	Assistant Director - Program and Nutrition
Merrill Hudson	EDP Director
(to be hired)	Fiscal Manager
Anne Pearson	Program Manager
Jack Vondras	State Nutrition Coordinator
Michele Chapais	Coordinator of Health Education
Barbara Ward	Graphic Artist
Ella Naydich	Grants Management Specialist
Ivy Gram	SEA Project Field Coordinator
Joy Ngo	WIC Nutritionist
Carolyn Pano	Nutrition Specialist
Mary Blocksidge	Vendor Coordinator
Susan O'Brien	Food Delivery Specialist
(to be hired)	Microcomputer Consultant
Lucy Costa	Vendor Compliance Assistant
Anna Marie Rosher	Assistant Nutrition Education Specialist
Althea Greenidge	Office Manager
Cheryl Bowers	Receptionist
(to be hired)	Senior Accountant
Beverly Andrew	Junior Accountant
Maria Colas	Voucher Coordinator
David Black	Input/Output Coordinator
Maria Sica	Senior Clerk Typist
(to be hired)	Nutrition Education Clerk

WIC Hotline Number
1-800-WIC-1007

Mon.-Fri., 8am-5pm



BOSTON PROGRAMS

- Dorchester/Roxbury
- East Boston
- Jamaica Plain
- Roxbury
- South Boston
- South Dorchester/Roslindale
- South End
- Upham's Corner

MASSACHUSETTS WIC PROGRAM

FY 88 Catchment Areas

WESTERN REGION

PROGRAM/AGENCY	ADDRESS/TELEPHONE	SITES	STAFF
1. Berkshire WIC Program Hillcrest Hospital	a) Hillcrest Hospital Tor Court Pittsfield, MA 01201 M/W/F 8:30-12, 1-5 Tu 8-5 Th 8-8 PHONE: (413) 443-4866/67	b) North Adams Tu-F 8-4:30 (413) 663-3012 c) Adams Action Center 2nd Th 9-11 d) Dalton Comm. Center 2nd W 10-11 e) Lee 1st & 3rd W 9-4	Lois Root - Program Director Denise Jester - Senior Nutritionist Melanie Feldman - Nutritionist
2. Franklin County WIC Program Franklin Medical Center/ Visiting Nurse and Health Services	a) 50 Miles Street Greenfield, MA 01301 M-F 8-4 PHONE: (413) 774-2302	b) Mohawk Valley Medical Center 1st & 3rd W c) Orange/Amory 2nd & 4th W	Marilyn Gallant Gabriel - Program Director Louise Amyot - Senior Nutritionist
3. Hampshire County WIC Program Hampshire County Home Care Services	a) 243 King Street Northampton, MA 01060 M-F 8-4:30 PHONE: (413) 584-3591	b) Huntington 3rd F c) Amherst M d) Easthampton 1st & 2nd Th e) Worthington 3rd F f) South Hadley	Vicki Baum-Hommes and Bonnie McKee - Program Directors Linda Silva Senior Nutritionist
4. Holyoke/Chicopee WIC Program Valley Opportunity Council	a) 36 Center Street Chicopee, MA 01013 M-F 8-4:30 PHONE: (413) 592-4611	b) Holyoke Health Center M-F 8:30-4:30 (413) 538-8188 c) 346 Main Street Holyoke M-F 8:30-4:30 (413) 534-0291 d) Ludlow Th 8:30-11:30 e) Westfield M-Th 9-5 2nd & 3rd T 9-6:30	Mary Golba - Program Director Elaine Pourinski - Assistant Director Sandra Knoll - Senior Nutritionist (To be hired) - Senior Nutritionist Janice Munsell - Nutritionist Paula Serafino-Cross Nutritionist Kathy Victoria - Nutritionist Celeste Rosselli - Nutritionist
5. South Berkshire WIC Program Children's Health Program	284 Main Street P.O. Box 30 Great Barrington, MA 01230 M-F 8:30-12 PHONE: (413) 528-9311		Debbie Phillips-Wikle - Program Director Melissa Rutherford - Nutritionist
6. Springfield WIC Program Family Planning of Western Mass.	a) 39 Mulberry Street Springfield, MA 01109 M-F 8-5 PHONE: (413) 737-5142 & 45	b) Brightwood H.C. W 9-11 c) McKnight 1st, 2nd, 3rd Th d) State Street M 9-4 e) South End 1st & 2nd T 1-4	Janet Wolfe - Program Director Rolf Anderson - Senior Nutritionist Josa Long - Senior Nutritionist June Rychlik - Nutritionist

CENTRAL REGION

PROGRAM/AGENCY	ADDRESS/TELEPHONE	SITES	STAFF
7. Athol WIC Program Human Resource Center for Rural Communities	a) 521 Main Street Athol, MA 01331 M-F 8-4 1st M 8-6 PHONE: (617) 249-2647	b) Gardner W 9-11:30, 1-3:30 c) Winchendon 1st & 4th T 9-3:30 d) Barre 3rd Tu 9-11:30, 1-3:30	Ralph Bledsoe - Program Director (To be hired) - Senior Nutritionist
8. North Central WIC Program Pro Health	a) 283 Main Street Fitchburg, MA 01420 M-Th 8:30-4:30 F 10:30-4:30 PHONE: (617) 345-6272 345-0368	b) Leominster M/T/W 8:30-4:30 c) Ayer Th 9-4 d) Clinton 1st T	Elizabeth Jackson - Program Director Susanne Cote - Senior Nutritionist Marsha Skey - Nutritionist
9. South Central WIC Program Harrington Hospital	a) G.B. Wells Human Service 29 Pine Street Southbridge, MA 01150 Tu-F 8:30-4:30 PHONE: (617) 765-9167 ext. 205	b) Webster M/Th/F 8:30-4:30 (617) 943-6183 c) Ware M & T (413) 967-6211 x163 d) Milford T/W/Th 9-12, 1-4 (617) 478-2394	Judith Jones - Program Director (To be hired) - Senior Nutritionist Amy Scott - Nutritionist
10. Worcester WIC Program Family Health and Social Service Center	a) 875 Main Street Worcester, MA 01610 M-F 8:30-12, 1-5 PHONE: (617) 756-3528 ext 319, 320	b) Great Brook Valley W/Th 8:30-5 (617) 852-1805 x129 c) SAMS Program 1st F d) Grafton 1st Tu 9-3	Jane Dvorak - Nutritionist/Director Diana Simonelli - Senior Nutritionist (To be hired) - Nutritionist

NORTHEAST REGION

PROGRAM/AGENCY	ADDRESS/TELEPHONE	SITES	STAFF
11. Haverhill WIC Program Community Action Inc.	a) 25 Locust Street Haverhill, MA 01830 M-F 9-4:30 PHONE: (617) 373-1971	b) Newburyport 2nd T c) Amesbury M-F 8:30-4:30 d) Salisbury	(To be hired) - Program Director Russell Clift - Senior Nutritionist Rosalie Wilkins - Nutritionist
12. Lawrence WIC Program Greater Lawrence Community Action Council	a) 350 Essex Street Lawrence, MA 01840 M-F 9-5 PHONE: (617) 686-4620		Evelyn Kocher-Ahern - Nutritionist/Director Grace Green - Senior Nutritionist Mary Lou Emmett - Nutritionist Barbara Levinstein - Nutritionist
13. Lowell WIC Program Community Teamwork	a) 117 Perry Street Lowell, MA 01852 M/F 9-4:30 W 9-6 T/Th 8:30-1, 2-5 PHONE: (617) 454-6397	b) Billerica 2nd & 4th Tu 9-1, 2-4:30 c) JKF Civic Center Tu 9-1	Patricia Murphy - Director Ellen Goldman - Senior Nutritionist Elaine Mazgelis - Nutritionist Darlene Loucraft - Nutritionist
14. Malden/Revere WIC Program Malden Hospital	a) Malden Hospital Room 406 Hospital Road Malden, MA 02148 M-F 8:30-4:30 PHONE: (617) 322-7560 x 5483	b) Revere M/W/F (617) 289-9448 c) Wakefield 2nd & 4th Tu 9-12	Soraya Bryant - Nutritionist/Director Susan Engleman - Senior Nutritionist Mary Henderson Paley - Nutritionist
15. North Shore WIC Program Lynn Community Health Center	a) 86 Lafayette Park Lynn, MA 01902 M-Th 9-7 F 9-5 Mailing Address: Lynn Community Health Ctr. P.O. Box 526 Lynn, MA 01901 PHONE: (617) 581-3900	b) Salem T & W 9-5 (617) 744-2626 c) Peabody M & Th 9-5 (617) 532-1343 d) Beverly W & Th 9-5 (617) 922-2110 e) Gloucester M & T 9-5 (617) 281-4540 f) Ipswich 2nd & 4th F g) Danvers 1st & 3rd F	Mio Georges - Program Director Cindy Neels - Nutrition Supervisor Anne Tomchik - Nutritionist Linda Scollin-Sullivan - Nutritionist Ann Mary Restuccia - Nutritionist

SOUTHEAST REGION

PROGRAM/AGENCY	ADDRESS/TELEPHONE	SITES	STAFF
16. Brockton WIC Program Brockton Area Multi-Services, Inc.	a) 33 Adams Street Brockton, MA 02402 M-F 8-4 PHONE: (617) 588-8241	b) Rockland 1st & 2nd M & Th	Erica Krull- Nutritionist/Director Robin Lowell - Senior Nutritionist Simone Rubenstein - Nutritionist
17. Cape Cod WIC Program Health Care of Southeastern MA, Inc.	a) 1 Elm Street Hyannis, MA 02601 M-F 8:30-4:30 PHONE: (617) 771-7896	b) Martha's Vineyard 1st F c) Falmouth M-W 8:30-4:30 (617) 540-6295 d) Provincetown 1st T e) Nantucket 2nd Th f) Otis 1st W g) Mashpee 2nd Th	Liz Westwater - Program Director (To be hired) - Senior Nutritionist Terece Horton - Nutritionist
18. Fall River WIC Program Fall River Community Development Service Center, Inc.	a) 102 County Street Fall River, MA 02723 M-F 9-5 PHONE: (617) 679-8111		Colleen Kenyon - Program Director Carol Weber - Senior Nutritionist Nancy Matheny - Nutritionist Mary Medeiros - Nutritionist
19. New Bedford WIC Program Greater New Bedford Community Health Center	a) 95 Cedar Street New Bedford, MA 02740 M-F 8-5 PHONE: (617) 997-1500	b) N. End Community Center 2nd W & Th	Pamela Kavanaugh - Nutritionist/Director Darlene Dymsza - Senior Nutritionist Polly Mitchell - Nutritionist Cathy Boynton - Nutritionist
20. Plymouth WIC Program Health Care of Southeastern MA, Inc.	a) 98 Court Street Plymouth, MA 02360 M/T/Th/F 8-4 W 8-6 PHONE: (617) 747-4933	b) Wareham T/W/Th 8-4 (617) 295-0056 c) Middleboro 1st & 2nd M 9-3 d) Marshfield 3rd & 4th M 10-5	Margaret Soussloff - Program Director Sally Ayotte - Senior Nutritionist
21. Taunton WIC Program Citizens for Citizens, Inc.	a) 80-86 Main Street Taunton, MA 02780 M-F 9-12, 1-4:30 PHONE: (617) 823-6346	b) Attleboro M-Th (617) 226-4543, 4544	Karen Swass - Program Director Peggy Coughlin - Senior Nutritionist

BOSTON AREA

PROGRAM/AGENCY	ADDRESS/TELEPHONE	SITES	STAFF
22. Allston/Brighton WIC Program St. Elizabeth's Hospital	a) 736 Cambridge Street Brighton, MA 02135 M/Tu 9-5 W 1-6 th/F 9-12 PHONE: (617) 789-2439	b) Watertown Th 9-12 c) Newton 1st T 1-4:30	Jane Hodgins - Program Director Karen Blom - Senior Nutritionist
23. Cambridge WIC Program The Cambridge Hospital	a) Windsor Clinic 105 Windsor Street Cambridge MA 02139 M-F 8-5 PHONE: (617) 498-1091	b) North Cambridge T & W 9-11:30, 1-4 c) Waltham W & F 9-12, 1-3:30 (617) 647-6508 d) East Cambridge 1st M 1-4 (617) 661-4084	Monique Legros - Nutritionist/Director Liz Frucht - Senior Nutritionist Kathy Gawlik - Nutritionist
24. Charlestown/Chelsea WIC Program MGH Health Care Centers	a) Bunker Hill Health Ctr. 73 High Street Charlestown, MA 02129 M/W/F 8:30-12, 1-5 PHONE: (617) 242-5740	b) Chelsea Memorial H.C. M-F 8:30-12, 1-5 (617) 884-8300 x 340 c) Revere M/Tu/Th/F	Janet Yost - Nutritionist/Director Pat Marshall - Nutrition Assistant/ Coordinator Lori Lieberman - Senior Nutritionist Lexana Vrieswijk - Nutritionist
25. Dorchester/Roxbury WIC Program Harvard Street Neighborhood Health Center	a) 632 Blue Hill Avenue Charles Drew Building Dorchester, MA 02124 M-F 8:30-4:30 PHONE: (617) 825-3400 x 215	b) Roxbury Comprehensive Community H.C. M-F 9-5 (617) 442-7400	Crystal Palmer - Nutritionist/Director Ellen Davis - Senior Nutritionist Bonnie Braitwaith - Nutritionist Silva Nunez - Nutritionist
26. East Boston WIC Program East Boston Neighborhood Health Center	a) 145 Meridian Street East Boston, MA 02128 M-F 8:30-4:30 Mailing Address: 10 Gove Street East Boston, MA 02128 PHONE: (617) 569-5505 or (617) 569-5800 x 295		Leah Frost - Nutritionist/Director Carol Breed - Senior Nutritionist
27. Framingham WIC Program South Middlesex Opportunity Council	a) 3 Deloss Place Framingham, MA 01701 M-F 9-5 PHONE: (617) 620-1445,46	b) Marlborough Hospital M 9-4:30 (617) 485-1121 x346 c) Framingham Union Hospital Th & F 9-12 d) Leonard Morse Hospital W 9-12 e) Maynard Elk Club T 1:30 - 4:30	Marla Bettencourt - Program Director Julie Pocost - Senior Nutritionist

BOSTON AREA (cont.)

PROGRAM/AGENCY	ADDRESS/TELEPHONE	SITES	STAFF
28. Jamaica Plain WIC Program Brookside Park Health Center	a) 3297 Washington Street Jamaica Plain, MA 02130 M-F 8:30-12, 1-5 PHONE: (617) 522-4700 x 227, 228	b) Southern Jamaica Plain Health Center F (617) 522-5900 c) Martha Eliot H.C. M-F 9-12:30, 1:30-5 (617) 522-5300	Karen Peterson - Nutritionist/Director Myrta Montejo - Nutrition Assistant/ - Coordinator Susan Wolfe - Senior Nutritionist Mary Silva - Nutritionist Margo Simon - Nutritionist Vicki Godin - Nutritionist
29. Quincy WIC Program Quincy City Hospital	a) 114 Whitwell Street Quincy, MA 02169 M-F 8-4:15 2x/mo on M 8-6 PHONE: (617) 770-4242 (617) 773-6100 x 4190	b) Hull Medical Center 2x/mo on W c) Dedham 2x/mo on Tu d) Weymouth 2x/mo on Th e) Norwood 2x/mo on F	Suzanne Allen - Nutritionist/Director Jennifer Carbry - Senior Nutritionist Julie Schaeffer - Nutritionist
30. Roxbury WIC Program Whittier Street Health Center	a) 20 Whittier Street Roxbury, MA 02120 M/W 9-12:30, 2-6:30 T/Th 9-12:30, 2-5 F 9-12:30 PHONE: (617) 427-1000 x33, x51, x52	b) Parker Hill/Fenway M-F (617) 442-0400 c) Boston City Hosp M-F (617) 424-5000 x3370 d) Roxbury APAC T/Th (617) 442-5900	Jacqueline Tate - Nutritionist/Director Michelle Harris - Senior Nutritionist Suzanne Richardson - Nutritionist Claudette Johnson - BCH Site Coordinator
31. Somerville/Medford WIC Program Somerville Hospital	a) Somerville Hospital 230 Highland Avenue Somerville, MA 02143 M/W/F 9-5 Tu/Th 9-6:45 PHONE: (617) 666-4400 x140	b) Mystic Health Center T & Th (617) 623-8686 c) Wilmington Regional HC F (617) 657-3910 d) Union Square W (617) 628-2161 e) Lawrence Memorial Hospital, Medford M 11:30-6:45, T/W 9-6 (617) 391-2753 f) Choate Hospital, Woburn M & Th (617) 938-8790	Regina Cantella - Nutritionist/Director Nancy Kerr - Senior Nutritionist Jane Pierce - Nutritionist Lori Geller - Nutritionist
32. South Boston WIC Program South Boston Community Health Center	a) 133 Dorchester Street South Boston, MA 02127 M/T/Th/F 9-12:30, 1:30-5 W 9-12:30, 1:30-9 PHONE: (617) 269-7500	b) McCormack Health Center M-Th 9-4 (617) 288-1140 c) Multi-Service Center Th 9:30-12	Anne Greene - Program Director Elizabeth Hornstra - Senior Nutritionist Stella Seeley - Nutritionist

BOSTON AREA (cont.)

PROGRAM/AGENCY	ADDRESS/TELEPHONE	SITES	STAFF
33. South Dorchester/ Roslindale WIC Program Neponset Health Center	a) Neponset Health Center 398 Neponset Avenue Dorchester, MA 02122 M-F 8:30-12, 1:30-5 PHONE: (617) 265-0982	b) Mattapan Health Center M/Tu/F 8:30-5 W 10-6:30 Th 8:30-6:30 (617) 296-3236 c) Roslindale Health Ctr. M/Tu/Th/F 8:30-5 W 10-6:30 (617) 323-4649	Eugenia D. Bodenios - Nutritionist/Director Irene Van Rompay - Senior Nutritionist Laraine Groves - Nutritionist
34. South End WIC Program South End Community Health Center	a) 385 Shawmut Avenue Boston, MA 02118 M-F 9-12, 1-5 Mailing Address: South End Community H.C. 400 Shawmut Avenue Boston, MA 02118 PHONE: (617) 266-7492 (617) 266-7308	b) South Cove Health Center M-F (617) 482-7555 c) Dimock Street Health Center M & Th 9-5 (617) 442-8800	Rhonda Dickson - Program Director Joanna Douglas - Senior Nutritionist Tair-Pyng Heh - Nutritionist Alice Ng - Nutritionist
35. Upham's Corner WIC Program Upham's Corner Health Center	a) 547 Columbia Road Dorchester, MA 02125 M-F 8-12, 1-5 Mailing Address: 500 Columbia Road Dorchester, MA 02125 PHONE: (617) 825-8994	b) Little House HC Tu (617) 282-3700 c) Bowdoin Street HC d) Columbia Point HC e) Codman Square HC W (617) 825-9883 f) Dorchester House HC Th (617) 288-3230	Joyce Kidd - Program Director Marilyn Kushan - Senior Nutritionist Barbara Smith - Nutritionist Esperanza Mendez - Nutritionist Nancy Farrell - Nutritionist

Massachusetts WIC Program

TOWN/PROGRAM REFERENCE LIST

CITY/TOWN	PROGRAM
Abington	BROCKTON
Acton	NORTH CENTRAL
Acushnet	NEW BEDFORD
Adams	BERKSHIRE
Agawam	HOLYOKE/CHICOPEE
Alford	SOUTH BERKSHIRE
Amesbury	HAVERHILL
Amherst	HAMPSHIRE COUNTY
Andover	LAWRENCE
Arlington	CAMBRIDGE
Ashburnham	ATHOL
Ashby	NORTH CENTRAL
Ashfield	FRANKLIN COUNTY
Ashland	FRAMINGHAM
Athol	ATHOL
Attleboro	TAUNTON
Auburn	WORCESTER
Avon	BROCKTON
Ayer	NORTH CENTRAL
Barnstable	CAPE COD
Barre	ATHOL
Becket	BERKSHIRE
Bedford	LOWELL
Belchertown	SOUTH CENTRAL
Bellingham	SOUTH CENTRAL
Belmont	CAMBRIDGE
Berkley	TAUNTON
Berlin	NORTH CENTRAL
Bernardston	FRANKLIN COUNTY
Beverly	NORTH SHORE
Billerica	LOWELL
Blackstone	SOUTH CENTRAL
Blandford	HOLYOKE/CHICOPEE
Bolton	NORTH CENTRAL

BOSTON NEIGHBORHOODS

Allston	ALLSTON/BRIGHTON
	SOUTH END
Boston	CHARLESTOWN/CHELSEA
	SOUTH END
Brighton	ALLSTON/BRIGHTON
	SOUTH END
Charlestown	CHARLESTOWN/CHELSEA
Dorchester	DORCHESTER/ROXBURY
	SOUTH BOSTON
	UPHAM'S CORNER
E Boston	EAST BOSTON
Hyde Park	SOUTH DORCHESTER/ROSLINDALE
Jamaica Plain	JAMAICA PLAIN
Mattapan/Neponset	DORCHESTER/ROXBURY
	SOUTH DORCHESTER/ROSLINDALE
Roslindale	JAMAICA PLAIN
	SOUTH DORCHESTER/ROSLINDALE
Roxbury	DORCHESTER/ROXBURY
	JAMAICA PLAIN
	ROXBURY
S Boston	SOUTH BOSTON
W Roxbury	SOUTH DORCHESTER/ROSLINDALE

CITY/TOWN	PROGRAM
Bourne	CAPE COD
Boxboro	NORTH CENTRAL
Boxford	HAVERHILL
Boylston	WORCESTER
Braintree	QUINCY
Brewster	CAPE COD
Bridgewater	BROCKTON
Brimfield	SOUTH CENTRAL
Brockton	BROCKTON
Brookfield	SOUTH CENTRAL
Brookline	ALLSTON/BRIGHTON
Buckland	FRANKLIN COUNTY
Burlington	SOMERVILLE/MEDFORD
Cambridge	CAMBRIDGE
Canton	BROCKTON
Carlisle	LOWELL
Carver	PLYMOUTH
Charlemont	FRANKLIN COUNTY
Charlton	SOUTH CENTRAL
Chatham	CAPE COD
Chelmsford	LOWELL
Chelsea	CHARLESTOWN/CHELSEA
Cheshire	BERKSHIRE
Chester	HOLYOKE/CHICOPEE
Chesterfield	HAMPSHIRE COUNTY
Chicopee	HOLYOKE/CHICOPEE
Chilmark	CAPE COD
Clarksburg	BERKSHIRE
Clinton	NORTH CENTRAL
Cohasset	QUINCY
Colrain	FRANKLIN COUNTY
Concord	CAMBRIDGE
Conway	FRANKLIN COUNTY
Cummington	HAMPSHIRE COUNTY
Dalton	BERKSHIRE
Danvers	NORTH SHORE
Dartmouth	NEW BEDFORD
Dedham	QUINCY
Deerfield	FRANKLIN COUNTY
Dennis	CAPE COD
Dighton	TAUNTON
Douglas	SOUTH CENTRAL
Dover	ALLSTON/BRIGHTON
Dracut	LOWELL
Dudley	SOUTH CENTRAL
Dunstable	LOWELL
Duxbury	PLYMOUTH
E Bridgewater	BROCKTON
E Brookfield	SOUTH CENTRAL
E Longmeadow	SPRINGFIELD
Eastham	CAPE COD
Easthampton	HAMPSHIRE COUNTY
Easton	BROCKTON
Edgartown	CAPE COD
Egremont	SOUTH BERKSHIRE
Erving	FRANKLIN COUNTY
Essex	NORTH SHORE
Everett	MALDEN/REVERE
Fairhaven	NEW BEDFORD
Fall River	FALL RIVER
Falmouth	CAPE COD
Fitchburg	NORTH CENTRAL

TOWN/PROGRAM REFERENCE LIST, p. 2

CITY/TOWN	PROGRAM
Florida	BERKSHIRE
Foxboro	TAUNTON
Framingham	FRAMINGHAM
Franklin	SOUTH CENTRAL
Freetown	FALL RIVER
Gardner	ATHOL
Gay Head	CAPE COD
Georgetown	HAVERHILL
Gill	FRANKLIN COUNTY
Gloucester	NORTH SHORE
Goshen	HAMPSHIRE COUNTY
Gosnold	CAPE COD
Grafton	WORCESTER
Granby	HAMPSHIRE COUNTY
Granville	HOLYOKE/CHICOPEE
Great Barrington	SOUTH BERKSHIRE
Greenfield	FRANKLIN COUNTY
Groton	NORTH CENTRAL
Groveland	HAVERHILL
Hadley	HAMPSHIRE COUNTY
Halifax	PLYMOUTH
Hamilton	NORTH SHORE
Hampden	SPRINGFIELD
Hancock	BERKSHIRE
Hanover	PLYMOUTH
Hanson	PLYMOUTH
Hardwick	ATHOL
Harvard	NORTH CENTRAL
Harwich	CAPE COD
Hatfield	HAMPSHIRE COUNTY
Haverhill	HAVERHILL
Hawley	FRANKLIN COUNTY
Heath	FRANKLIN COUNTY
Hingham	QUINCY
Hinsdale	BERKSHIRE
Holbrook	BROCKTON
Holden	WORCESTER
Holland	SOUTH CENTRAL
Holliston	FRAMINGHAM
Holyoke	HOLYOKE/CHICOPEE
Hopedale	SOUTH CENTRAL
Hopkinton	FRAMINGHAM
Hubbardston	ATHOL
Hudson	FRAMINGHAM
Hull	QUINCY
Huntington	HAMPSHIRE COUNTY
Ipswich	NORTH SHORE
Kingston	PLYMOUTH
Lakeville	TAUNTON
Lancaster	NORTH CENTRAL
Lanesboro	BERKSHIRE
Lawrence	LAWRENCE
Lee	BERKSHIRE
Leicester	WORCESTER
Lenox	BERKSHIRE
Leominster	NORTH CENTRAL
Leverett	FRANKLIN COUNTY
Lexington	CAMBRIDGE
Leyden	FRANKLIN COUNTY
Lincoln	CAMBRIDGE
Littleton	NORTH CENTRAL
Longmeadow	SPRINGFIELD
Lowell	LOWELL
Ludlow	HOLYOKE/CHICOPEE
Lunenburg	NORTH CENTRAL
Lynn	NORTH SHORE
Lynnfield	NORTH SHORE
Malden	MALDEN/REVERE
Manchester	NORTH SHORE
Mansfield	TAUNTON
Marblehead	NORTH SHORE
Marion	NEW BEDFORD
Marlboro	FRAMINGHAM
Marshfield	PLYMOUTH
Mashpee	CAPE COD
Mattapoisett	NEW BEDFORD
Maynard	FRAMINGHAM
Medfield	SOUTH CENTRAL
Medford	MALDEN/REVERE and SOMERVILLE/MEDFORD
Medway	SOUTH CENTRAL
Melrose	MALDEN/REVERE
Mendon	SOUTH CENTRAL
Merrimac	HAVERHILL
Methuen	LAWRENCE
Middleboro	PLYMOUTH
Middlefield	HAMPSHIRE COUNTY
Middleton	NORTH SHORE
Milford	SOUTH CENTRAL
Millbury	WORCESTER
Millis	SOUTH CENTRAL
Millville	SOUTH CENTRAL
Milton	QUINCY
Monroe	FRANKLIN COUNTY
Monson	SOUTH CENTRAL
Montague	FRANKLIN COUNTY
Monterey	SOUTH BERKSHIRE
Montgomery	HOLYOKE/CHICOPEE
Mount Washington	SOUTH BERKSHIRE
N Adams	BERKSHIRE
N Andover	LAWRENCE
N Attleboro	TAUNTON
N Brookfield	SOUTH CENTRAL
N Reading	SOMERVILLE/MEDFORD
Nahant	NORTH SHORE
Nantucket	CAPE COD
Natick	FRAMINGHAM
Needham	ALLSTON/BRIGHTON
New Ashford	BERKSHIRE
New Bedford	NEW BEDFORD
New Braintree	ATHOL
New Marlboro	SOUTH BERKSHIRE
New Salem	FRANKLIN COUNTY
Newbury	HAVERHILL
Newburyport	HAVERHILL
Newton	ALLSTON/BRIGHTON
Norfolk	SOUTH CENTRAL
Northampton	HAMPSHIRE COUNTY
Northboro	FRAMINGHAM
Northbridge	SOUTH CENTRAL
Northfield	FRANKLIN COUNTY
Norton	TAUNTON
Norwell	QUINCY
Norwood	QUINCY
Oak Bluffs	CAPE COD
Oakham	ATHOL
Orange	FRANKLIN COUNTY
Orleans	CAPE COD
Otis	SOUTH BERKSHIRE
Oxford	SOUTH CENTRAL

TOWN/PROGRAM REFERENCE LIST, p. 3

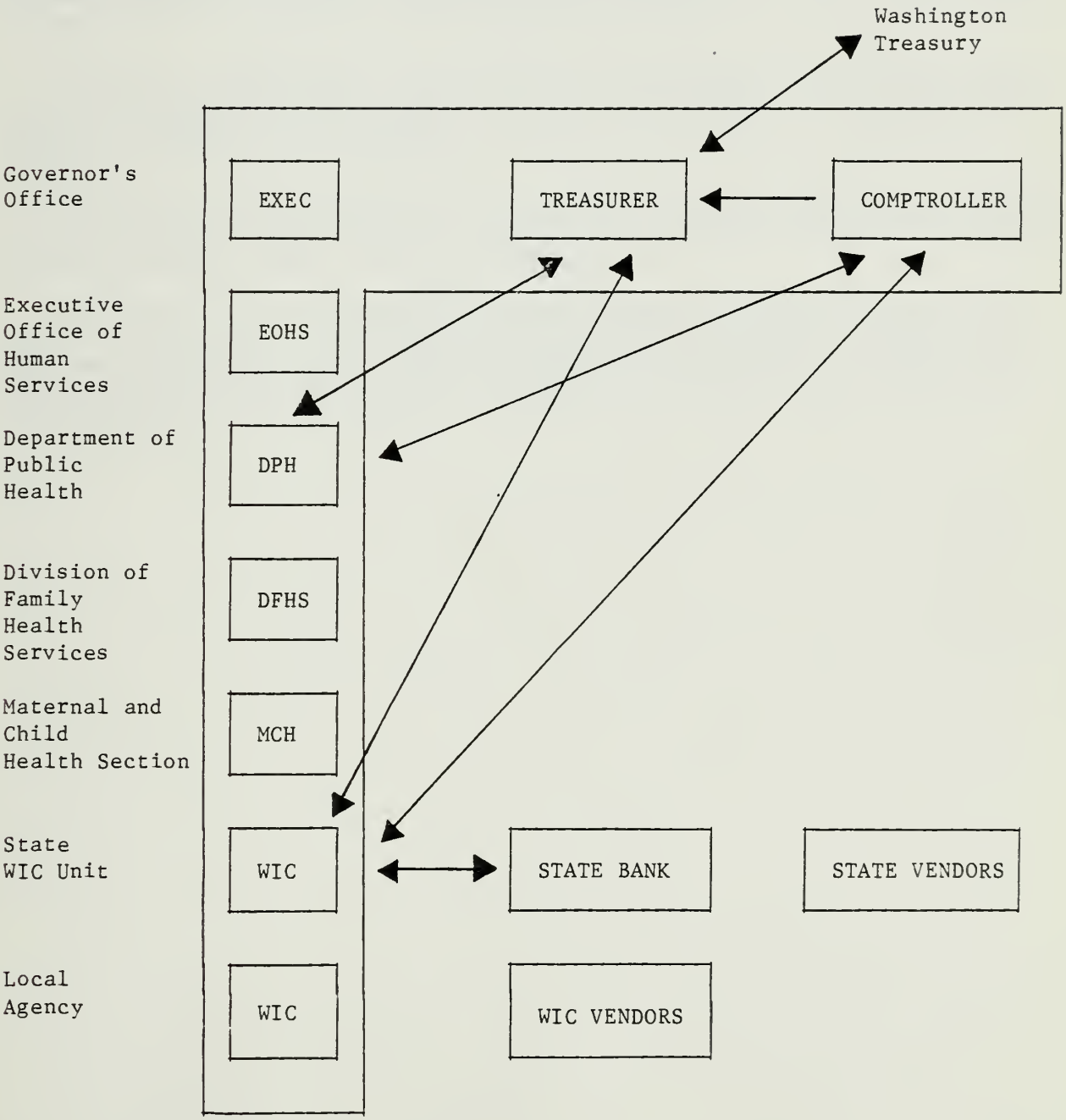
CITY/TOWN	PROGRAM
Palmer	SOUTH CENTRAL
Paxton	WORCESTER
Peabody	NORTH SHORE
Pelham	HAMPSHIRE COUNTY
Pembroke	PLYMOUTH
Pepperell	NORTH CENTRAL
Peru	BERKSHIRE
Petersham	ATHOL
Phillipston	ATHOL
Pittsfield	BERKSHIRE
Plainfield	HAMPSHIRE COUNTY
Plainville	TAUNTON
Plymouth	PLYMOUTH
Plympton	PLYMOUTH
Princeton	ATHOL
Provincetown	CAPE COD
Quincy	QUINCY
Randolph	QUINCY
Raynham	TAUNTON
Reading	SOMERVILLE/MEDFORD
Rehoboth	TAUNTON
Revere	MALDEN/REVERE and CHARLESTOWN/CHELSEA
Richmond	BERKSHIRE
Rochester	NEW BEDFORD
Rockland	BROCKTON
Rockport	NORTH SHORE
Rowe	FRANKLIN COUNTY
Rowley	HAVERHILL
Royalston	ATHOL
Russell	HOLYOKE/CHICOPEE
Rutland	ATHOL
S Hadley	HAMPSHIRE COUNTY
Salem	NORTH SHORE
Salisbury	HAVERHILL
Sandisfield	SOUTH BERKSHIRE
Sandwich	CAPE COD
Saugus	MALDEN/REVERE
Savoy	BERKSHIRE
Scituate	QUINCY
Seekonk	TAUNTON
Sharon	BROCKTON
Sheffield	SOUTH BERKSHIRE
Shelburne	FRANKLIN COUNTY
Sherborn	FRAMINGHAM
Shirley	NORTH CENTRAL
Shrewsbury	WORCESTER
Shutesbury	FRANKLIN COUNTY
Somerset	FALL RIVER
Somerville	SOMERVILLE/MEDFORD
Southampton	HAMPSHIRE COUNTY
Southboro	FRAMINGHAM
Southbridge	SOUTH CENTRAL
Southwick	HOLYOKE/CHICOPEE
Spencer	SOUTH CENTRAL
Springfield	SPRINGFIELD
Sterling	NORTH CENTRAL
Stockbridge	SOUTH BERKSHIRE
Stoneham	SOMERVILLE/MEDFORD
Stoughton	BROCKTON
Stow	NORTH CENTRAL
Sturbridge	SOUTH CENTRAL
Sudbury	FRAMINGHAM
Sunderland	FRANKLIN COUNTY
Sutton	SOUTH CENTRAL
Swampscott	NORTH SHORE
Swansea	FALL RIVER
Taunton	TAUNTON
Templeton	ATHOL
Tewksbury	LOWELL
Tisbury	CAPE COD
Tolland	HOLYOKE/CHICOPEE
Topsfield	NORTH SHORE
Townsend	NORTH CENTRAL
Truro	CAPE COD
Tyngsboro	LOWELL
Tyringham	SOUTH BERKSHIRE
Upton	SOUTH CENTRAL
Uxbridge	SOUTH CENTRAL
W Boylston	WORCESTER
W Bridgewater	BROCKTON
W Brookfield	SOUTH CENTRAL
W Newbury	HAVERHILL
W Springfield	HOLYOKE/CHICOPEE
W Stockbridge	SOUTH BERKSHIRE
W Tisbury	CAPE COD
Wakefield	MALDEN/REVERE
Wales	SOUTH CENTRAL
Walpole	QUINCY
Waltham	CAMBRIDGE
Ware	SOUTH CENTRAL
Wareham	PLYMOUTH
Warren	SOUTH CENTRAL
Warwick	FRANKLIN COUNTY
Washington	BERKSHIRE
Watertown	ALLSTON/BRIGHTON
Wayland	FRAMINGHAM
Webster	SOUTH CENTRAL
Wellesley	ALLSTON/BRIGHTON
Wellfleet	CAPE COD
Wendell	FRANKLIN COUNTY
Wenham	NORTH SHORE
Westboro	FRAMINGHAM
Westfield	HOLYOKE/CHICOPEE
Westford	LOWELL
Westhampton	HAMPSHIRE COUNTY
Westminster	ATHOL
Weston	ALLSTON/BRIGHTON
Westport	FALL RIVER
Westwood	QUINCY
Weymouth	QUINCY
Whately	FRANKLIN COUNTY
Whitman	BROCKTON
Wilbraham	SPRINGFIELD
Williamsburg	HAMPSHIRE COUNTY
Williamstown	BERKSHIRE
Wilmington	SOMERVILLE/MEDFORD
Winchedon	ATHOL
Winchester	SOMERVILLE/MEDFORD
Windsor	BERKSHIRE
Winthrop	MALDEN/REVERE
Woburn	SOMERVILLE/MEDFORD
Worcester	WORCESTER
Worthington	HAMPSHIRE COUNTY
Wrentham	TAUNTON
Yarmouth	CAPE COD

FISCAL

The Governor's Office delegates control of money coming into the state to the Treasurer and the Comptroller. The provision of WIC services starts with the Executive Office of Human Services (EOHS). Within EOHS, the Department of Public Health (DPH) provides services to mothers and children through the Division of Family Health Services (DFHS). DFHS is responsible for administering the WIC grant.

ADMINISTRATIVE COMPONENTS

The following graphic depicts the administrative components of the Massachusetts WIC Program fiscal system.



ADMINISTRATIVE FISCAL CONTROLS WITHIN THE WIC PROGRAM

The Department of Public Health has an Accounting Division which oversees the flow of all state and federal dollars into the Department. This Division oversees all the draw-down and reconciliation data, disburses checks to local agencies and State vendors, oversees payroll and personnel costs, and maintains a complete set of records for all these transactions.

Within the Accounting Division, the Central Contract Unit oversees purchase of service procurement and contracting for the Department. This unit and WIC fiscal staff monitor WIC contracts, amendments and invoices for adherence to Department policies and procedures.

The state WIC office Fiscal unit coordinates the Federal and State systems, including the state treasurer and comptroller, designated state administrative units, disbursing banks, and local providers.

The Fiscal unit is responsible for maintaining the accountability of the entire fiscal system. This system of accountability controls how the WIC Program receives money from USDA, how money is disbursed for State and local administrative costs, how money is disbursed for WIC food costs, and how all these transactions are recorded.

DRAW-DOWN PROCEDURES

After the USDA has authorized a formal Letter of Credit, WIC Program funds are drawn and disbursed weekly in the following way:

STEP ONE: The state WIC office completes Form 5805a, "Request for Payment" and sends the form to the Massachusetts State Treasury. The Treasury submits the request through its bank of receipt for a wire transfer of funds from the Washington treasury for the amount requested. Withdrawals from the Letter of Credit do not exceed cash needs.

STEP TWO: The State Treasurer's Office notifies the state WIC office that the money requested has arrived, and gives the Fiscal unit a cash sheet date on a date-stamped cash receipt (CR).

STEP THREE: The state WIC office completes a "Request for Advance" (RA) and submits it to the State Comptroller's Office. This is a request for funds to be disbursed to cover payment to local WIC food vendors and pharmacies. The balance of funds is left with the State Treasury to pay state WIC agency operational expenses and to cover local WIC program administrative expenses.

STEP FOUR: At the Comptroller's Office, the Requests are listed on a Warrant. If the Comptroller's Office receives the Request before Monday afternoon, it will appear on the next Warrant. The Warrant must be approved by the Governor's Council which meets every Wednesday to approve requests for funds.

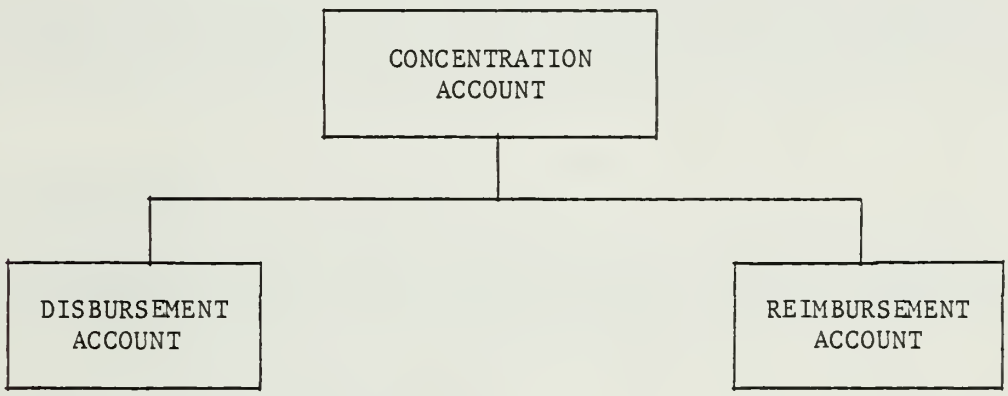
STEP FIVE: Once approval of the Warrant is confirmed, money is wired to the WIC Program's bank account. Funds are then disbursed to WIC food vendors and pharmacies through standard procedures.

DISBURSEMENT PROCEDURES

The state WIC office reimburses local WIC agencies with funds to cover each month's documented WIC Program operating expenses. The state WIC office does not disburse funds to local WIC agencies to cover food or voucher system costs; both of these costs are handled centrally.

The Accounting Division of the Department of Public Health handles the actual disbursements of each month's documented operating expenses to local WIC agencies.

Disbursements for food costs come from the WIC Program bank account. This account is designed to disburse each type of payment from separate accounts:



CONCENTRATION ACCOUNT: the "parent" account records all transactions; this is a cash account and funds both of the "sibling" accounts on a daily basis for actual amount required.

DISBURSEMENT ACCOUNT: pays food costs

REIMBURSEMENT ACCOUNT: pays local WIC vendors for designated food costs

After the money passes through the Warrant system, it is deposited in the Concentration Account. The other accounts are "zero balance" accounts which draw dollars from the Concentration Account as needed.

Administrative costs for the state WIC office, as well as reimbursements to local WIC agencies, are disbursed through the State Comptroller's Office using standard state payment procedures.

DETERMINATION OF PROGRAM COSTS

FOOD COSTS

Each month, the computer prints vouchers for all WIC participants listed on the WIC computer participant masterfile. In addition to these pre-printed vouchers, each local program manually writes a certain number of manual vouchers for participants who need food sooner than the voucher system can accomodate.

Participants have 30 days to redeem their vouchers, and authorized WIC food vendors and pharmacies have 60 days from date of issue in which to deposit the vouchers at their banks.

Shortly after the close of each month, the State's Bureau of Computer Services (BCS) sends the State WIC Office a report of the reconciled amount of funds expended for food during that month. These reports are generated by reconciling bank transaction tapes against masterfile information of vouchers issued.

PROGRAM PARTICIPATION

Cashed voucher transactions are also matched to the active participant file in order to produce accurate reports on the number of women, infants and children who participated in the program each month.

ADMINISTRATIVE AND OTHER PROGRAM COSTS

Local Program Costs

Each local WIC program incurs obligations and makes expenditures based on a line-item budget.

The state WIC office reimburses local programs for actual expenditures against budgeted line items. If the local WIC program submits expenses for reimbursement against a line item which exceeds the budgeted amount or which was not budgeted, the expenses are disallowed by the state WIC office.

Budgets may be amended during each contract period through a formal written process.

State Costs

The state WIC office incurs obligations and makes expenditures based on a budget developed at the beginning of each fiscal year for allowable expense categories (for example, personnel or supplies).

State costs are obtained monthly in the following manner:

-- The Accounting Division of the Department of Public Health reports personnel costs including fringe benefit and indirect cost charges directly to the State WIC Office.

-- The state WIC office keeps records of reimbursements for voucher system operations.

-- The Accounting Division of the Department of Public Health reports all other disbursements for state WIC office costs, such as supplies, printing, travel, etc. These expenses are paid from standard subsidiary accounts set up for the WIC Program by the Accounting Division. Copies of source documents and accompanying invoices are kept both at the Accounting Division and at the state WIC office.

Administrative Obligations

Administrative obligations incurred by the state WIC office and local WIC programs are reported each month on a fiscal year-to-date basis. Obligations are defined as the amounts of orders placed, services provided and other expenses which have been incurred but not yet paid.

Both the state WIC office and the local WIC programs maintain documentation of administrative obligations.

ALLOCATION OF FUNDS

FUNDING

The Massachusetts WIC Program allocates funds in the following manner:

1. The federal funds available for food costs are determined by USDA's funding formula.

2. The federal funds available for administrative expenses are determined by USDA's funding formula.

3. A major portion of the administrative funds are allocated via the state's contracting process to the local WIC programs to support direct services as related to caseload assignments.

4. From the total of administrative funds available, a certain amount is set aside for state agency costs as expressed in a categorized budget. State agency expenses include personnel, the cost of the voucher system, audit costs, printing and supplies, consultant fees, and travel reimbursement. These state agency expenses support local program direct services and operations, e.g., participant forms, equipment, and monitoring and evaluation.

LOCAL PROGRAM RESOURCE ALLOCATION PLAN

A plan for the distribution of caseload and corresponding funds was developed during FY 87. This plan was prepared to address the need to allocate new caseload and monies in FY 87, and was modified and utilized to allocate caseload and funds for FY 88.

The goals, objectives and criteria for the expansion funds allocation were developed with input from WIC program agency executive directors, program directors and nutritionists as well as from local WIC program staff. An ad hoc advisory committee comprised of representatives from the Senate and House Ways and Means Committee, the Executive Office of Human Services, contract agency executive directors, and local WIC program directors and nutritionists then reviewed and approved both the criteria and proposed plan. The WIC Advisory Council reviewed the stability funds allocation part of the plan.

Allocation, Goals and Objectives - The continuing goals of the Massachusetts WIC program are to: 1) reduce morbidity and mortality and improve longterm health for mothers, infants and children in Massachusetts through improved nutrition; and 2) assure maximum services to participants through full use of available resources.

As part of achieving these goals, a related objective is to lay a foundation of stability and equity in the Massachusetts WIC Program as a whole and at the individual local WIC programs. Within the constraints of available resources, program stability and equity will include additional resources for local program administration and operations to correct underfunding of local agency contracted services, to maintain caseload, and to support newly assigned local program caseload.

Resource Availability - Projected caseload is a function of the federal funding for food and administration plus the level of state supplemental funding. Resource availability is the determining factor in the allocation of caseload and administrative funds to local WIC programs under both expansion and stability circumstances.

I. EXPANSION FUNDS ALLOCATION CRITERIA

A. Allocation of Expansion Caseload - The criteria for the allocation of new caseload, the amount of which is determined by available resources, are presented below in priority order:

1. to local WIC programs unable to serve participants in priority groups IV or V-A so that each program will be able to serve participants in priority groups I through V-A.

2. to local WIC programs serving a lower percentage of the eligible population than the statewide average as determined by the current Needs Assessment, to a percentage determined by the availability of resources.

   In addition, consideration will be given to service areas with particular populations which may be eligible for WIC services but are not accounted for by the needs assessment and/or to areas of high infant mortality, low birth-weight and other indicators of poor reproductive outcome. The majority of these new cases are to be added in Priorities I through V in order to gain the greatest possible outcome for children by the age of five.

3. to local WIC programs with the management capacity to utilize additional caseload while maintaining program quality. Technical assistance regarding outreach and caseload management will be provided to help local programs attain maximum caseload in high-risk/high-need areas.

B. Local Program Administrative Funds - In order to move towards achieving equity and to provide stability in local program administration and operations, monies which are determined by available resources will be provided for the following purposes:

1. caseload additions will be made at the current statewide average cost per participant.

2. local WIC programs operating at a cost per participant lower than the statewide average will be brought up to the current statewide average.

3. provision of funds for exceptional financial need will be made as identified in individual agency budget negotiation.

II. STABILITY FUNDS ALLOCATION CRITERIA

A. Allocation of Stability Caseload - Allocation of caseload under stability funding circumstances is based on the following criteria presented in priority order:

1. to local WIC programs currently unable to serve participants in priority groups IV or V-A so that each program will be able to serve participants in priority groups I through V-A.

2. to local WIC programs in areas of high need as demonstrated by high infant mortality, low birthweight, and adolescent pregnancy as well as the WIC Needs Assessment. Since available funding is not increased under stability funding conditions, increasing the percentage of eligibles served as determined by the WIC Needs Assessment cannot be a consideration.

3. to local WIC programs with the management capacity to utilize current or additional caseload while maintaining program standards. Management capacity is measured by local programs' case management history with emphasis on utilization of caseload and growth trends in recent months.

   Conversely, under stability circumstances when no new WIC caseload is generated, local WIC programs which have not utilized caseload will have caseloads reduced to levels which can be reached and maintained. In making these reductions, consideration will be given to caseload growth trends as well as special circumstances such as program management changes at local programs.

4. In high-risk service areas where available vacant caseload is significant, caseload should not be reduced to indicated levels, and technical assistance will be provided regarding outreach and management to help local programs attain maximum, active caseload.

B. Local Program Administration Funds - Caseload allocation will be accompanied by related local programming and operational funds:

1. caseload will be reduced at the local program's current cost per participant or the statewide average cost per participant, whichever is lower.

2. caseload will be added at the current average cost per participant.

C. Review and Adjustment - Following allocation processes, local WIC program utilization of caseload will continue to be reviewed on a monthly basis. Assigned caseload and contract amounts will be reviewed and adjusted periodically to reflect 1) caseload utilization, and 2) available funding.

THE WIC NEEDS ASSESSMENT

The Massachusetts WIC Program Needs Assessment (NA) lists, by Health Service Area (HSA) region and local WIC program, the following information:

- the NA ranking of each city or town from 1 to 351 in order of need (1 being the most at-risk, and 351 the least)
- the Massachusetts cities and towns with more than 500 eligible persons
- the cities and towns which are considered "high-risk", i.e., the top one-third of the NA ranking
- an estimate of the number of eligible persons in each of the 351 Massachusetts cities and towns (see below for the formula used)
- the number of individuals currently receiving WIC benefits in each city or town
- the percentage of that city's/town's need that is currently being served.

The 1987 WIC Needs Assessment incorporates the most recent statistics available: 1985 birth and poor births statistics, 1986 unemployment data, and 1980 census data. To further update the Needs Assessment, the state WIC office is actively exploring the viability of utilizing available 1985 federal projection or 1985 state census data, which could, if the data is reliable and available in useable form, account for shifts in population since 1980. The state WIC office will notify USDA as to the outcome of this project.

LOCAL WIC PROGRAM BUDGETS

Each local WIC program submits a proposed line-item budget to the state WIC office prior to the beginning of the new fiscal year. The state WIC staff reviews these budgets and discusses them with the local agency staff. The local agency makes any necessary adjustments prior to receiving final approval from the state WIC office, and the agreed-upon budget is then incorporated into a contract between the Department of Public Health and the local agency. Among the factors determining a local agency's budget are:

- The overall availability of WIC funds.
- The local program's caseload assignment and staffing pattern to support that caseload.
- The local program's cost per participant as compared to the statewide average cost per participant with consideration given to the contract agency's real cost of operating the local program.
- The size and geographic location of the local WIC program.
- Historical funding patterns.

Each local agency must ensure that the local WIC program has adequate staff to provide WIC services to their participants. The state WIC office has developed standard minimum starting salary ranges for local WIC staff positions and takes into consideration regional differences and personnel policies of the local agency in approving these salaries as part of the regular budget process.

Other line items generally reimbursed include travel, supplies (both office and nutrition education), space costs, postage, and telephone costs.

At least one-sixth of administrative funds expended by the Massachusetts WIC Program must be used for nutrition education. Costs which can be applied to the minimum amount required are:

- Salary and other costs for time spent on nutrition education consultants
- Costs of producing nutrition education materials
- Costs of training nutrition educators, including costs related to conducting training sessions and producing training materials
- Costs of conducting evaluations of nutrition education, including contractor involvement and time spent in the design of data collection forms and the compilation and analysis of data
- Costs of time spent developing the nutrition education portion of the State Plan
- Costs of monitoring nutrition education activities

The line item budget is useful in allocating funds for nutrition education. An analysis of the entire administrative budget as well as all in-kind contributions ensures that one-sixth of the administrative funds are designated for nutrition education.

MASSACHUSETTS WIC PROGRAM
FY 87

ESTIMATED ELIGIBLES, ACTIVE PARTICIPATION AND PRIORITIES

	ESTIMATED ELIGIBLES	ACTIVE PARTICIPATION a/o 3/87	PRIORITIES SERVED a/o 3/87
Allston/Brighton WIC Program	3514	1531	I - V
Athol WIC Program	2051	819	I - V
Berkshire WIC Program	3913	1749	I - V
Brockton WIC Program	5765	2274	I - V
Cambridge WIC Program	4470	1768	I - Va
Cape Cod WIC Program	4461	1493	I - V
Charlestown/Chelsea WIC Program	2312	1613	I - V
Dorchester/Roxbury WIC Program	4047	2669	I - V
East Boston WIC Program	1279	788	I - V
Fall River WIC Program	5354	2351	I - V
Framingham WIC Program	3387	773	I - V
Franklin County WIC Program	1992	1040	I - V
Hampshire County WIC Program	2096	862	I - V
Haverhill WIC Program	3406	1488	I - V
Holyoke/Chicopee WIC Program	6257	4221	I - V
Jamaica Plain WIC Program	2651	1997	I - V
Lawrence WIC Program	5181	2114	I - IVb
Lowell WIC Program	6255	2318	I - Va
Malden/Revere WIC Program	4857	1349	I - V
New Bedford WIC Program	5742	2261	I - Va
North Central WIC Program	5429	1265	I - V
North Shore WIC Program	7552	3227	I - V
Plymouth WIC Program	4266	1120	I - V
Quincy WIC Program	6357	1280	I - V
Roxbury WIC Program	2802	2111	I - V
Somerville/Medford WIC Program	4957	1983	I - V
South Boston WIC Program	1364	948	I - V
South Central WIC Program	6831	1710	I - V
South Dorchester/Roslindale WIC Program	4529	1732	I - Va
South End WIC Program	1708	2077	I - Va
Springfield WIC Program	7699	2640	I - IVb
Taunton WIC Program	4586	1838	I - V
Upham's Corner WIC Program	2492	2629	I - Va
Worcester WIC Program	7392	2372	I - Va

MASSACHUSETTS WIC PROGRAM

Needs Assessment (200%) Data for Massachusetts Cities and Towns

BY HSA REGION AND CATCHMENT AREA

MARCH, 1987

MASSACHUSETTS WIC PROGRAM

WIC NEEDS ASSESSMENT

(number of estimated eligibles based on 200% of poverty)

WESTERN REGION

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			BERKSHIRE WIC			
53		*	Adams	323	151	47%
163			Alford	20	0	0%
16		*	Becket	46	5	11%
86			Cheshire	53	31	58%
158			Clarksburg	38	20	53%
192		*	Dalton	81	30	37%
300			Egremont	29	2	7%
74			Florida	16	10	63%
14		*	Great Barrington	176	72	41%
236		*	Hancock	14	2	14%
95		*	Hinsdale	70	21	30%
59		*	Lanesborough	70	12	17%
257			Lee	131	57	44%
167			Lenox	127	40	31%
226		*	Monterey	23	8	35%
349			Mount Washington	2	0	0%
13		*	New Ashford	1	2	200%
5		*	New Marlborough	49	7	14%
12	*	*	North Adams	555	468	84%
49		*	Otis	43	8	19%
323		*	Peru	34	2	6%
47	*	*	Pittsfield	1693	674	40%
345			Richmond	20	0	0%
339		*	Sandisfield	20	0	0%
3		*	Savoy	23	5	22%
244		*	Sheffield	66	30	45%
320			Stockbridge	38	1	3%
341			Tyringham	6	5	83%
347		*	Washington	16	0	0%
343			West Stockbridge	22	5	23%
224			Williamstown	98	53	54%
316			Windsor	10	4	40%
			TOTALS	3913	1725	44%

WIC NEEDS ASSESSMENT

WESTERN REGION (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			FRANKLIN COUNTY WIC			
170			Ashfield	47	13	28%
150			Bernardston	39	21	54%
255			Buckland	66	7	11%
179			Charlemont	27	25	93%
66		*	Colrain	57	40	70%
272			Conway	41	11	27%
195			Deerfield	62	18	29%
321		*	Erving	20	4	20%
7			Gill	38	14	37%
54	*	*	Greenfield	637	390	61%
187			Hawley	15	2	13%
205		*	Heath	23	2	9%
285			Leverett	34	7	21%
212			Leyden	22	7	32%
350			Monroe	2	3	143%
145		*	Montague	257	246	96%
241			New Salem	19	4	21%
281			Northfield	48	33	69%
20		*	Orange	306	181	59%
324			Rowe	10	12	120%
194		*	Shelburne	69	39	57%
184		*	Shutesbury	15	21	140%
299			Sunderland	53	54	102%
160			Warwick	21	21	100%
2		*	Wendell	45	6	13%
266			Whately	19	3	16%
			TOTALS	1992	1184	59%

WIC NEEDS ASSESSMENT

WESTERN REGION (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			HAMPSHIRE COUNTY WIC			
193			Amherst	340	281	83%
232			Chesterfield	22	5	23%
18		*	Cummington	32	7	22%
191			Easthampton	340	162	48%
84			Goshen	23	6	26%
181			Granby	111	13	12%
139			Hadley	51	14	27%
334			Hatfield	52	5	10%
107			Huntington	49	32	65%
87		*	Middlefield	13	1	8%
112	*	*	Northampton	662	236	36%
15		*	Pelham	11	2	18%
25		*	Plainfield	21	11	52%
288			South Hadley	164	49	30%
32		*	Southampton	97	19	20%
180			Westhampton	31	3	10%
147			Williamsburg	60	12	20%
254			Worthington	17	3	18%
			TOTALS	2096	861	41%
			SPRINGFIELD WIC			
216			East Longmeadow	108	8	7%
207			Hampden	63	13	21%
302			Longmeadow	99	1	1%
4	*	*	Springfield	7376	3325	45%
287			Wilbraham	53	8	15%
			TOTALS	7699	3355	44%

WIC NEEDS ASSESSMENT

WESTERN REGION (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			HOLYOKE/CHICOPEE WIC			
164			Agawam	369	55	15%
152		*	Blandford	24	1	4%
155			Chester	25	17	68%
55	*	*	Chicopee	1560	718	46%
296			Granville	32	5	16%
1	*	*	Holyoke	2632	2274	86%
124			Ludlow	253	60	24%
36		*	Montgomery	11	2	18%
185		*	Russell	51	9	18%
48			Southwick	208	39	19%
24		*	Tolland	3	1	33%
171			West Springfield	289	182	63%
99	*		Westfield	800	413	52%
			TOTALS	6257	3776	60%

MASSACHUSETTS WIC PROGRAM

WIC NEEDS ASSESSMENT

(number of estimated eligibles based on 200% of poverty)

CENTRAL REGION

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			ATHOL WIC			
198		*	Ashburnham	59	11	19%
37		*	Athol	386	277	72%
72			Barre	104	31	30%
34	*	*	Gardner	548	258	47%
172		*	Hardwick	95	30	32%
91			Hubbardston	49	5	10%
17		*	New Braintree	27	1	4%
92			Oakham	28	8	29%
175			Petersham	12	5	42%
109			Phillipston	17	15	8[illegible]
306			Princeton	36	5	1[illegible]
58			Royalston	36	14	39%
245		*	Rutland	117	11	9%
154			Templeton	127	32	25%
223			Westminster	86	8	9%
21		*	Winchendon	324	126	39%
			TOTALS	2051	837	41%
			WORCESTER WIC			
196			Auburn	169	29	17%
126			Boylston	40	8	20%
239			Grafton	199	37	19%
267			Holden	94	10	11%
88			Leicester	222	29	13%
70		*	Millbury	278	24	9%
242		*	Paxton	16	2	13%
230			Shrewsbury	262	27	10%
273			West Boylston	74	4	5%
23	*	*	Worcester	6038	2208	37%
			TOTALS	7392	2378	32%

WIC NEEDS ASSESSMENT

CENTRAL REGION (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			NORTH CENTRAL WIC			
311			Acton	160	15	9%
256			Ashby	53	6	11%
93		*	Ayer	416	173	42%
333			Berlin	28	1	4%
327			Bolton	31	2	6%
314			Boxborough	46	6	13%
46		*	Clinton	468	72	15%
30	*	*	Fitchburg	1599	655	41%
186			Groton	111	6	5%
279			Harvard	433	0	0%
289			Lancaster	83	24	29%
76	*	*	Leominster	1079	296	27%
303			Littleton	68	5	7%
200			Lunenburg	121	11	9%
227			Pepperell	221	30	14%
71		*	Shirley	177	12	7%
220			Sterling	104	5	5%
258			Stow	40	4	10%
222			Townsend	191	20	10%
			TOTALS	5429	1343	25%

WIC NEEDS ASSESSMENT

CENTRAL REGION (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			SOUTH CENTRAL WIC			
178		*	Belchertown	204	18	9%
65			Bellingham	292	69	24%
28		*	Blackstone	248	53	21%
97			Brimfield	57	12	21%
40		*	Brookfield	100	22	22%
166		*	Charlton	223	32	14%
120		*	Douglas	161	20	12%
62		*	Dudley	260	72	28%
176		*	East Brookfield	49	15	31%
153			Franklin	420	63	15%
111		*	Holland	51	5	10%
161		*	Hopedale	43	6	14%
319			Medfield	78	4	5%
162			Medway	120	28	23%
261			Mendon	56	3	5%
169		*	Milford	457	170	37%
228			Millis	81	7	9%
77		*	Millville	39	11	28%
203			Monson	142	25	18%
307			Norfolk	83	8	10%
269		*	North Brookfield	136	30	22%
64		*	Northbridge	404	71	18%
73		*	Oxford	366	76	21%
81		*	Palmer	242	119	49%
38	*	*	Southbridge	659	334	51%
127		*	Spencer	362	66	18%
156			Sturbridge	101	37	37%
108		*	Sutton	149	26	17%
100		*	Upton	92	7	8%
57		*	Uxbridge	237	48	20%
68			Wales	28	10	36%
50		*	Ware	238	101	42%
45		*	Warren	137	35	26%
27		*	Webster	450	251	56%
211			West Brookfield	66	17	26%
			TOTALS	6831	1871	27%

MASSACHUSETTS WIC PROGRAM

WIC NEEDS ASSESSMENT

(number of estimated eligibles based on 200% of poverty)

NORTHEAST REGION

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED	% OF NEEDS MET
			MALDEN/REVERE WIC			
80	*	*	Everett	1031	366	35%
117	*	*	Malden	1346	470	35%
116	*		Medford	129	46	36%
301			Melrose	352	56	16%
94	*	*	Revere	992	546	55%
214			Saugus	370	88	24%
208			Wakefield	395	51	13%
248			Winthrop	242	51	21%
			TOTALS	4857	1674	34%
			LOWELL WIC			
237			Bedford	174	31	18%
148	*		Billerica	602	71	12%
335			Carlisle	10	0	0%
268			Chelmsford	314	25	8%
96			Dracut	371	64	17%
337			Dunstable	23	4	17%
29	*	*	Lowell	4033	2179	54%
201			Tewksbury	377	50	13%
253		*	Tyngsborough	175	12	7%
313			Westford	176	16	9%
			TOTALS	6255	2452	39%

WIC NEEDS ASSESSMENT

NORTHEAST REGION (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			NORTH SHORE WIC			
146	*	*	Beverly	732	179	24%
168			Danvers	225	57	25%
310			Essex	66	3	5%
118	*	*	Gloucester	711	248	35%
305			Hamilton	146	32	22%
331			Ipswich	149	23	15%
33	*	*	Lynn	3254	2033	62%
330			Lynnfield	62	13	21%
344			Manchester	37	3	8%
291			Marblehead	189	23	12%
61			Middleton	83	8	10%
263			Nahant	23	10	43%
136	*		Peabody	722	188	26%
75		*	Rockport	99	12	12%
78	*	*	Salem	899	407	45%
340			Swampscott	106	19	18%
326			Topsfield	20	0	0%
304			Wenham	29	3	10%
			TOTALS	7552	3261	43%

WIC NEEDS ASSESSMENT

NORTHEAST REGION (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			LAWRENCE WIC			
278			Andover	217	15	7%
9	*	*	Lawrence	4059	2091	52%
113	*	*	Methuen	691	182	26%
218			North Andover	214	25	12%
			TOTALS	5181	2313	45%
			HAVERHILL WIC			
83			Amesbury	457	201	44%
298		*	Boxford	35	9	26%
209			Georgetown	56	16	29%
132			Groveland	76	15	20%
35	*	*	Haverhill	1745	988	57%
159			Merrimac	119	25	21%
183			Newbury	80	20	25%
102	*	*	Newburyport	536	87	16%
238		*	Rowley	42	17	40%
22		*	Salisbury	211	83	39%
217			West Newbury	49	3	6%
			TOTALS	3406	1464	43%

MASSACHUSETTS WIC PROGRAM

WIC NEEDS ASSESSMENT

(number of estimated eligibles based on 200% of poverty)

SOUTHEAST REGION

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
BROCKTON WIC						
142			Abington	288	52	18%
121			Bridgewater	291	48	16%
26	*	*	Brockton	3891	1771	46%
197			East Bridgewater	191	22	12%
260			Easton	221	33	15%
85	*	*	Rockland	509	129	25%
98			West Bridgewater	71	9	13%
182			Whitman	303	53	17%
			TOTALS	5765	2117	37
NEW BEDFORD WIC						
131			Acushnet	117	28	24%
128			Dartmouth	347	102	29%
125			Fairhaven	341	73	21%
51			Marion	108	12	11%
247			Mattapoisett	83	18	22%
11	*	*	New Bedford	4663	1937	42%
114			Rochester	83	6	7%
			TOTALS	5742	2176	38%

WIC NEEDS ASSESSMENT

SOUTHEAST REGION (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			CAPE COD WIC			
133	*		Barnstable	931	369	40%
157	*		Bourne	545	208	38%
283			Brewster	156	35	22%
206			Chatham	133	22	17%
56			Chilmark	10	0	0%
140			Dennis	257	77	30%
199			Eastham	111	26	23%
322			Edgartown	53	17	32%
69	*	*	Falmouth	682	278	41%
348			Gay Head	9	0	0%
351			Gosnold	1	0	0%
63			Harwich	183	50	27%
39		*	Mashpee	177	90	51%
276		*	Nantucket	64	9	14%
79		*	Oak Bluffs	66	18	27%
229			Orleans	113	12	11%
10		*	Provincetown	116	27	23%
308			Sandwich	189	54	29%
42		*	Tisbury	91	42	46%
173		*	Truro	61	9	15%
270			Wellfleet	86	28	33%
338			West Tisbury	39	3	8%
252			Yarmouth	388	230	59%
			TOTALS	4461	1604	36%
			FALL RIVER WIC			
19	*	*	Fall River	4370	2147	49%
89		*	Freetown	217	40	18%
106			Somerset	180	69	38%
130			Swansea	314	74	24%
60			Westport	273	78	29%
			TOTALS	5354	2408	45%

WIC NEEDS ASSESSMENT

SOUTHEAST REGION (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			PLYMOUTH WIC			
202			Carver	232	61	26%
251			Duxbury	135	18	13%
101			Halifax	176	24	14%
243			Hanover	139	25	18%
123			Hanson	200	43	22%
151			Kingston	128	34	27%
284			Marshfield	372	79	21%
41	*		Middleborough	699	175	25%
225			Pembroke	337	42	12%
105	*		Plymouth	1152	342	30%
262			Plympton	47	8	17%
52	*	*	Wareham	649	329	51%
			TOTALS	4266	1180	28%
			TAUNTON WIC			
82	*		Attleboro	906	479	53%
115			Berkley	60	22	37%
141		*	Dighton	111	30	27%
235			Foxborough	233	35	15%
138			Lakeville	146	43	29%
233			Mansfield	230	52	23%
110			North Attleboro	479	126	26%
137			Norton	301	93	31%
119			Plainville	62	25	40%
250			Raynham	139	24	17%
210			Rehoboth	148	30	20%
119			Seekonk	154	34	22%
43	*	*	Taunton	1500	838	56%
204			Wrentham	117	20	17%
			TOTALS	4586	1851	40%

MASSACHUSETTS WIC PROGRAM

WIC NEEDS ASSESSMENT

(number of estimated eligibles based on 200% of poverty)

BOSTON AREA

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			QUINCY WIC			
44			Avon	72	11	15%
213			Braintree	360	131	36%
174			Canton	170	23	14%
246			Cohasset	58	3	5%
231			Dedham	344	58	17%
286			Hingham	191	23	12%
104			Holbrook	134	39	29%
31		*	Hull	374	119	32%
249			Milton	254	40	16%
274			Norwell	40	6	15%
219			Norwood	311	92	30%
122	*		Quincy	1722	529	31%
143			Randolph	295	97	33%
190			Scituate	163	25	15%
290			Sharon	116	7	6%
134			Stoughton	464	56	12%
277			Walpole	159	28	18%
325			Westwood	91	8	9%
135	*		Weymouth	1039	206	20%
			TOTALS	6357	1501	24%
			CAMBRIDGE WIC			
259	*		Arlington	538	75	14%
309			Belmont	179	19	11%
67	*	*	Cambridge	2325	1318	57%
271			Concord	93	6	6%
317			Lexington	159	21	13%
265			Lincoln	169	1	1%
129	*	*	Waltham	1007	387	38%
			TOTALS	4470	1827	41%

WIC NEEDS ASSESSMENT

BOSTON AREA (cont.)

NEEDS ASSESSMENT RANKING	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87	% OF NEEDS MET
			FRAMINGHAM WIC			
297			Ashland	116	39	34%
165	*	*	Framingham	1008	405	40%
336			Holliston	103	8	8%
318			Hopkington	119	14	12%
177			Hudson	298	29	10%
149	*		Marlborough	780	98	13%
90		*	Maynard	223	36	16%
292			Natick	291	54	19%
264			Northborough	84	10	12%
342			Sherborn	15	2	13%
275			Southborough	46	5	11%
295			Sudbury	64	17	27%
332			Wayland	61	4	7%
234			Westborough	179	14	8%
			TOTALS	3387	735	22%
			SOMERVILLE/MEDFORD WIC			
221			Burlington	178	45	25%
116	*		Medford	944	334	35%
293			North Reading	122	20	16%
315			Reading	210	29	14%
103	*	*	Somerville	2210	1177	53%
294			Stoneham	276	71	26%
144			Wilmington	231	64	28%
312			Winchester	132	22	17%
188	*		Woburn	654	220	34%
			TOTALS	4957	1982	40%

WIC NEEDS ASSESSMENT

BOSTON AREA (cont.)

NEEDS ASSESSMENT RANKING §	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87 ¶	% OF NEEDS MET
ALLSTON/BRIGHTON WIC						
240			Brookline	486	118	24%
328			Dover	20	1	5%
329			Needham	182	15	8%
280	*		Newton	711	92	13%
215			Watertown	490	113	23%
282			Wellesley	159	21	13%
346			Weston	30	0	0%
			Allston/Brighton	1436	1042	73%
			TOTALS	3514	1402	40%
CHARLESTOWN/CHELSEA WIC						
8 (Boston)	*	*	Charlestown	575	337	59%
6	*	*	Chelsea	1737	1016	58%
			TOTALS	2312	1353	58%
EAST BOSTON WIC						
7 (Boston)	*	*	East Boston	1279	783	61%
			TOTALS	1279	783	61%

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¶ This figure underrepresents the actual caseload a/o 3/87, since it only indicates participation in the neighborhoods listed.

WIC NEEDS ASSESSMENT

BOSTON AREA (cont.)

NEEDS ASSESSMENT RANKING §	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87 ¶	% OF NEED MET
DORCHESTER/ROXBURY WIC						
10 (Boston)		*	Boston proper	138	100	72%
2 (Boston)	*	*	Dorchester	1788	1596	89%
3 (Boston)	*	*	Mattapan/Neponset	1051	317	30%
1 (Boston)	*	*	Roxbury	1070	523	17%
			TOTALS	4047	2536	62%
JAMAICA PLAIN WIC						
2 (Boston)		*	Dorchester	242	234	96%
4 (Boston)	*	*	Jamaica Plain	1493	1100	73%
11 (Boston)		*	Roslindale	326	144	44%
1 (Boston)	*	*	Roxbury	590	308	52%
			TOTALS	2651	1786	67%
ROXBURY WIC						
10 (Boston)	*	*	Boston proper	513	424	82%
2 (Boston)		*	Dorchester	483	471	97%
1 (Boston)	*	*	Roxbury	1806	922	51%
			TOTALS	2802	1817	64%

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WIC NEEDS ASSESSMENT

BOSTON AREA (cont.)

NEEDS ASSESSMENT RANKING §	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87 ¶	% OF NEED MET
UPHAM'S CORNER WIC						
2 (Boston)	*	*	Dorchester	2732	2309	84%
1 (Boston)		*	Roxbury	325	183	56%
			TOTALS	3057	2492	81%
SOUTH END WIC						
10 (Boston)	*	*	Boston proper	1229	1093	88%
2 (Boston)		*	Dorchester	302	268	88%
1 (Boston)	*	*	Roxbury	714	347	48%
			TOTALS	2245	1708	76%
SOUTH BOSTON WIC						
5 (Boston)	*	*	South Boston	1364	822	60%
			TOTALS	1364	822	60%

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WIC NEEDS ASSESSMENT

BOSTON AREA (cont.)

NEEDS ASSESSMENT RANKING §	TOWNS WITH 500 + ELIGIBLE	HIGH RISK TOWNS	CITY/TOWN	ESTIMATED ELIGIBLES	NUMBERS ACTUALLY SERVED 3/87 ¶	% OF NEED MET
			SOUTH DORCHESTER/ROSLINDALE WIC			
2 (Boston)		*	Dorchester	483	458	94%
6 (Boston)	*	*	Hyde Park	1050	247	23%
3 (Boston)	*	*	Mattapan/Neponset	1989	649	32%
11 (Boston)	*	*	Roslindale	644	281	43%
12 (Boston)			West Roxbury	363	40	11%
			TOTALS	4529	1675	36%

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WIC NEEDS ASSESSMENT ~~1985~~ — 2 COMPONENTS — 9:38 MONDAY, APRIL 6, 1987 — 5

1985 Births
1986 unemployment

TOWN RANK (1 lowest need to 351 highest need)

TOWN	RANK	ELIGIBLE	POOR	POOR CHILD	BIRTH	POOR TEEN	LOW BWT	NEW POOR	TEEN POOR	ELIGIBLE	POOR	POOR CHILD	BIRTH	POOR TEEN	LOW BWT
GOSNOLD	351	.	.	1	.	50.0	.	.	.	.	.	1	.	2	0
MONROE	350	.	.	2	.	20.0	.	.	.	.	.	2	.	10	0
MTWASHINGTON	-6.6643	2	1	1	3	33.3	0.0	0.0	0.0	2	1	1	3	3	0
GAY HEAD	-5.4340	9	1	8	2	38.1	0.0	0.0	0.0	9	1	8	2	21	0
WASHINGTON	-4.9429	16	3	13	7	38.2	0.0	0.0	0.0	16	3	13	7	34	2
WESTON	-4.9222	30	6	24	85	5.8	2.4	2.4	0.0	30	6	24	85	413	6
RICHMOND	-4.8439	20	3	17	14	18.5	2.4	0.0	0.0	20	3	17	14	92	2
MANCHESTER	-4.8321	37	7	30	52	11.4	2.0	0.0	0.0	37	7	30	52	263	7
WSTOCKBRIDGE	-4.2415	22	3	19	10	22.6	1.7	0.0	1.7	22	3	19	10	84	2
SHEFFORN	-4.2321	15	3	12	44	5.2	3.2	4.5	0.0	15	3	12	44	231	0
TYRINGHAM	-4.1350	6	1	5	5	19.2	0.0	0.0	4.5	6	1	5	5	26	0
SWAMPSCOTT	-4.0650	106	29	77	181	12.8	2.7	0.0	0.5	106	29	77	181	603	18
SANDISFIELD	-3.9886	20	6	14	9	56.0	0.0	0.0	0.0	20	6	14	9	25	7
WTISBURY	-3.8452	39	11	28	26	34.1	4.2	0.0	0.0	39	11	28	26	82	4
OUNSTABLE	-3.8231	23	7	16	33	16.3	2.4	0.0	0.0	23	7	16	33	98	8
HOLLISTON	-3.7349	103	21	82	182	9.0	3.6	1.1	0.4	103	21	82	182	908	14
CARLISLE	-3.7042	10	3	7	61	3.6	1.9	4.7	0.5	10	3	7	61	192	0
HATFIELD	-3.6727	52	10	42	28	28.8	2.2	0.0	1.1	52	10	42	28	146	6
BERLIN	-3.6319	28	6	22	27	16.3	4.0	0.0	0.0	28	6	22	27	135	4
WAYLAND	-3.5993	61	13	48	134	7.5	3.4	3.1	0.3	61	13	48	134	641	15
IPSWICH	-3.4653	149	36	113	161	17.8	2.5	1.3	0.9	149	36	113	161	636	21
LYNNFIELD	-3.3112	62	14	48	114	9.9	4.3	0.0	0.2	62	14	48	114	484	21
NEEDHAM	-3.2978	182	40	142	320	10.0	3.1	4.8	0.4	182	40	142	320	1427	47
DOVER	-3.2602	20	4	16	43	7.6	3.4	4.9	0.5	20	4	16	43	210	5
BOLTON	-3.2248	31	6	25	42	12.3	4.4	0.0	0.5	31	6	25	42	203	6
TOPSFIELD	-3.2156	20	4	16	56	5.2	3.8	3.5	0.7	20	4	16	56	307	0
WESTWOOD	-3.1422	91	20	71	137	12.0	3.3	4.6	0.6	91	20	71	137	594	30
PCWE	-3.1382	10	2	8	3	40.0	0.0	0.0	0.0	10	2	8	3	20	5
PEPU	-3.1267	34	8	26	18	35.1	2.0	0.0	0.0	34	8	26	18	74	13
EDGARTOWN	-3.0502	53	17	36	50	27.9	2.7	0.0	1.4	53	17	36	50	129	9
ERVING	-2.9587	20	3	17	12	22.1	0.0	0.0	2.8	20	3	17	12	77	3
STOCKBRIDGE	-2.9556	38	10	28	27	28.9	3.6	0.0	0.0	38	10	28	27	97	16
MEDFIELD	-2.9404	78	17	61	138	9.9	4.3	1.6	1.0	78	17	61	138	615	6
HOPKINTON	-2.9226	119	22	97	106	16.9	3.5	4.7	0.6	119	22	97	106	574	24
LEXINGTON	-2.9068	159	34	125	269	10.0	4.1	2.6	0.5	159	34	125	269	1254	47
WINDSOR	-2.8599	10	2	8	10	16.7	5.9	0.0	0.0	10	2	8	10	48	0
READING	-2.8450	210	49	161	311	12.6	3.8	2.9	0.9	210	49	161	311	1274	40
BOXBOROUGH	-2.8374	46	10	36	57	14.4	3.9	3.5	1.4	46	10	36	57	250	15
WESTFORD	-2.7680	176	42	134	232	14.3	3.3	2.0	1.0	176	42	134	232	934	56
WINCHESTER	-2.7795	132	29	103	219	10.7	3.9	4.8	0.5	132	29	103	219	965	37
ACTON	-2.7731	160	31	129	204	12.2	3.6	6.0	0.1	160	31	129	204	1056	57
ESSEX	-2.7385	66	13	53	37	27.2	3.2	0.0	0.5	66	13	53	37	195	24
BELMONT	-2.7370	179	42	137	268	12.6	4.7	3.3	0.2	179	42	137	268	1088	20
SANDWICH	-2.6910	189	45	144	138	25.8	3.9	1.5	0.5	189	45	144	138	558	41
NORFOLK	-2.6264	83	25	58	139	14.5	3.6	5.7	0.8	83	25	58	139	399	10
PRINCETON	-2.6210	36	8	28	42	14.9	4.1	4.5	0.5	36	8	28	42	188	9
HAMILTON	-2.5910	146	31	115	95	26.0	3.6	2.1	0.4	146	31	115	95	443	62
WENHAM	-2.5432	29	6	23	28	18.5	1.2	17.9	0.0	29	6	23	28	124	10
LITTLETON	-2.5256	68	15	53	104	11.6	4.4	4.2	0.8	68	15	53	104	456	5
LONGMEADOW	-2.4914	99	18	81	149	9.7	3.5	6.1	0.5	99	18	81	149	832	29
MELROSE	-2.4824	352	67	285	308	17.3	4.1	3.4	0.5	352	67	285	308	1645	79
EGREMONT	-2.4579	29	5	24	13	30.8	4.9	0.0	0.0	29	5	24	13	78	7
SUNDERLAND	-2.4312	53	13	40	32	31.7	3.8	0.0	1.1	53	13	40	32	126	14
BOXFORD	-2.4167	35	7	28	66	8.9	5.1	3.2	0.3	35	7	28	66	315	7
ASHLAND	-2.4160	116	34	82	194	13.9	3.9	5.5	0.7	116	34	82	194	592	17
GRANVILLE	-2.3888	32	5	27	15	26.0	4.4	0.0	1.1	32	5	27	15	104	6
SUDBURY	-2.2906	64	13	51	155	6.8	5.4	1.4	0.7	64	13	51	155	752	15
STONEHAM	-2.2893	276	66	210	291	18.2	4.5	3.7	0.7	276	66	210	291	1155	58
NORTH READING	-2.2622	122	24	98	138	13.8	4.3	4.2	0.8	122	24	98	138	712	24
NATICK	-2.2474	291	69	222	394	14.1	4.2	5.7	0.9	291	69	222	394	1575	52
MARBLEHEAD	-2.2297	189	49	140	227	17.1	3.7	3.1	0.7	189	49	140	227	817	62
SHARON	-2.2278	116	28	88	228	9.9	4.9	2.1	0.6	116	28	88	228	887	17
LANCASTER	-2.1818	83	16	67	74	17.4	5.0	0.0	1.5	83	16	67	74	385	5
SHIRLEY	-2.1588	164	35	129	149	18.6	3.5	2.7	1.4	164	35	129	149	692	45
WILBRAHAM	-2.1566	53	10	43	105	7.3	3.1	3.7	2.6	53	10	43	105	590	0
HINGHAM	-2.1203	191	37	154	220	13.6	3.4	6.7	0.6	191	37	154	220	1131	50
LEVERETT	-2.0926	34	9	25	25	27.5	3.6	9.0	0.0	34	9	25	25	91	8
MARSHFIELD	-2.0827	372	86	286	370	18.7	3.8	3.7	0.9	372	86	286	370	1530	79
BREWSTER	-2.0807	156	35	121	83	33.7	2.9	5.3	0.5	156	35	121	83	359	58
WELLESLEY	-2.0623	159	35	124	273	10.1	4.4	8.1	0.1	159	35	124	273	1222	39
NORTHFIELD	-2.0166	48	8	40	21	30.1	4.1	0.0	1.4	48	8	40	21	133	14
NEWTON	-1.9978	711	163	548	881	14.8	5.0	4.3	0.4	711	163	548	881	3707	194
HARVARD	-1.9455	433	25	408	55	35.9	4.3	7.9	0.0	433	25	408	55	1135	114
ANDOVER	-1.9448	217	50	167	359	11.2	4.8	2.1	1.0	217	50	167	359	1486	54
WALPOLE	-1.9235	159	37	122	250	11.9	4.7	3.7	1.3	159	37	122	250	1021	20
NANTUCKET	-1.9162	64	20	44	94	17.1	4.4	7.3	0.5	64	20	44	94	257	11
SOUTHBOROUGH	-1.9114	46	11	35	99	9.0	5.2	5.2	0.5	46	11	35	99	389	9
NORWELL	-1.8933	40	7	33	93	6.1	5.0	6.0	1.0	40	7	33	93	542	6
WBOYLSTON	-1.8672	74	16	58	65	19.6	5.6	0.0	0.0	74	16	58	65	296	31
CONWAY	-1.8570	41	11	30	27	33.3	5.9	0.0	0.0	41	11	30	27	90	10
CONCORD	-1.8183	93	21	72	170	9.8	5.2	6.8	0.5	93	21	72	170	738	25
WELLFLEET	-1.8103	86	18	68	35	42.0	1.9	0.0	1.2	86	18	68	35	162	26
NORWOOFFIELD	-1.7954	136	24	112	47	40.1	2.7	3.4	2.0	136	24	112	47	279	45
CHELMSFORD	-1.7127	314	65	249	370	14.0	4.2	4.7	1.4	314	65	249	370	1784	68
HOLDEN	-1.7010	94	20	74	168	9.7	6.1	2.7	0.1	94	20	74	168	760	21
WHATELY	-1.7009	19	4	15	17	17.0	6.5	0.0	0.0	19	4	15	17	88	3
LINCOLN	-1.6923	169	17	152	50	27.7	5.8	0.0	0.0	169	17	152	50	548	69
NORTHBOROUGH	-1.6420	84	18	66	175	8.3	4.6	6.7	1.9	84	18	66	175	792	4
HAMANT	-1.6349	23	6	17	53	9.1	6.1	4.7	0.5	23	6	17	53	187	3
PLYMPTON	-1.5849	47	9	38	30	24.2	4.1	0.0	1.2	47	9	38	30	157	13
MENDON	-1.5746	56	9	47	33	22.0	4.6	5.2	1.5	56	9	47	33	214	15
EASTON	-1.5692	221	55	166	276	15.8	5.6	2.5	1.2	221	55	166	276	1049	39
ARLINGTON	-1.5336	538	121	417	494	19.6	4.6	7.0	0.7	538	121	417	494	2127	156
STOW	-1.5194	40	9	31	81	8.9	6.3	5.5	0.3	40	9	31	81	348	6
LEE	-1.5138	131	28	103	84	26.2	3.6	0.0	2.1	131	28	103	84	393	41
ASHBY	-1.5037	53	11	42	42	20.5	3.8	5.5	0.5	53	11	42	42	205	7
BUCKLAND	-1.4963	66	15	51	28	44.0	3.8	0.0	1.5	66	15	51	28	116	26
WORTHINGTON	-1.4902	17	5	12	20	18.5	4.2	10.4	0.0	17	5	12	20	65	4

TOWN	MAGIC	ELIGIBLE	POOR	POOR RATE	BIRTHS	PCT	LOW BWT	LOW BWT RATE	ELIGIBLE	POOR	POOR RATE	BIRTHS	PCT	CUM ELIG	CUM BIRTHS
TYNGSBOROUGH	-1.46137	175	53	122	153	27.9	3.9	4.8	1.1	175	53	122	153	437	52
YARMOUTH	-1.43852	388	98	290	204	38.5	3.3	0.0	2.3	388	98	290	204	754	123
QUXBURY	-1.43633	135	31	104	185	13.5	4.6	5.0	1.2	135	31	104	185	771	31
PAXHAM	-1.42787	139	23	116	108	16.8	4.3	3.8	2.1	139	23	116	108	689	24
MILTON	-1.40652	254	71	183	357	15.9	4.8	6.5	0.7	254	71	183	357	1153	84
WINTHROP	-1.39264	242	57	185	194	23.4	4.1	6.5	0.8	242	57	185	194	789	68
MATTAPOISETT	-1.39203	83	20	63	78	20.5	2.8	6.1	1.8	83	20	63	78	307	16
COHASSET	-1.38192	58	14	44	86	13.2	3.7	8.0	1.6	58	14	44	86	333	20
PUTLAND	-1.37682	117	27	90	77	28.5	3.6	6.5	1.0	117	27	90	77	316	44
SHEFFIELD	-1.36277	66	15	51	39	30.5	3.6	5.2	1.6	66	15	51	39	167	23
HANOVER	-1.33777	139	27	112	146	14.7	4.9	5.6	1.1	139	27	112	146	762	44
PAXTON	-1.33281	16	4	12	39	7.3	4.0	20.0	0.0	16	4	12	39	164	0
NEW SALEM	-1.30731	19	5	14	13	31.8	3.8	0.0	1.9	19	5	14	13	44	5
BROOKLINE	-1.29971	486	133	353	553	19.2	5.0	8.8	0.3	486	133	353	553	1834	110
GRAFTON	-1.28801	199	43	156	183	19.0	5.3	2.2	1.6	199	43	156	183	821	54
ROWLEY	-1.27761	42	11	31	78	11.4	5.0	8.4	1.1	42	11	31	78	272	0
BEDFORD	-1.27681	174	48	126	212	16.1	4.6	7.8	0.8	174	48	126	212	695	65
HANCOCK	-1.25202	14	4	10	8	37.0	2.8	0.0	0.0	14	4	10	8	27	5
FOXBOROUGH	-1.24627	233	59	174	216	22.0	4.3	5.3	1.2	233	59	174	216	792	78
WESTBOROUGH	-1.24561	179	43	136	177	19.2	4.9	3.8	1.5	179	43	136	177	707	54
MANSFIELD	-1.24497	230	52	178	229	18.3	4.6	6.6	2.1	230	52	178	229	972	29
CHESTERFIELD	-1.24342	22	6	16	20	25.4	5.4	0.0	1.1	22	6	16	20	63	3
GEORAM	-1.23312	344	79	265	283	22.3	4.4	6.1	1.1	344	79	265	283	1189	117
SHREWSBURY	-1.22449	262	56	206	275	16.4	4.6	5.9	1.5	262	56	206	275	1254	62
ORLEANS	-1.21637	113	25	88	45	44.0	3.5	0.0	1.3	113	25	88	45	220	52
MILLIS	-1.21412	81	20	61	134	11.8	5.4	9.8	0.2	81	20	61	134	517	9
PEPPERELL	-1.20552	221	51	170	182	22.6	4.9	1.2	1.3	221	51	170	182	753	43
MONTEREY	-1.19917	23	4	19	8	40.4	4.1	0.0	2.0	23	4	19	8	47	10
PEMBROKE	-1.18521	337	66	271	211	25.0	3.9	4.6	1.3	337	66	271	211	1086	78
WILLIAMSTOWN	-1.17077	98	19	79	65	22.9	4.3	3.0	2.7	98	19	79	65	345	21
WESTMINSTER	-1.15097	86	17	69	71	19.4	5.6	2.8	2.0	86	17	69	71	356	9
TOWNSEND	-1.14672	191	38	153	150	20.4	4.6	6.5	1.4	191	38	153	150	751	59
BURLINGTON	-1.14462	178	36	142	275	10.4	5.4	5.3	1.5	178	36	142	275	1364	14
STERLING	-1.09342	104	21	83	87	19.0	5.9	2.6	1.5	104	21	83	87	437	31
NORWOOD	-1.08922	311	72	239	341	16.8	4.9	7.2	1.3	311	72	239	341	1421	73
NORTH ANDOVER	-1.08127	214	41	173	207	16.0	4.6	4.7	2.3	214	41	173	207	1081	16
NEWBURY	-1.01752	49	9	40	36	19.9	2.2	11.0	0.5	49	9	40	36	201	16
ELONGMEADOW	-1.00297	108	19	89	104	14.6	5.1	3.8	1.3	108	19	89	104	610	11
WATERTOWN	-0.98533	490	117	373	385	24.3	5.1	6.3	0.9	490	117	373	385	1536	150
SAUGUS	-0.98113	370	89	281	326	21.9	4.4	6.1	1.6	370	89	281	326	1281	116
BRAINTREE	-0.96831	360	82	278	387	17.0	4.5	7.5	1.4	360	82	278	387	1639	71
LEYDEN	-0.96610	22	5	17	10	39.5	2.0	0.0	4.0	22	5	17	10	43	7
WEBSTER/FIELD	-0.96422	66	15	51	40	29.3	4.6	5.1	2.0	66	15	51	40	174	11
PEMBROTH	-0.9403	148	28	120	91	24.7	3.7	4.4	1.1	148	28	120	91	486	34
GEORGETOWN	-0.9269	56	11	45	71	11.9	6.3	2.6	1.0	56	11	45	71	378	12
WAKEFIELD	-0.9123	395	94	301	347	21.7	5.0	6.6	0.7	395	94	301	347	1386	125
HAMPDEN	-0.9073	63	15	48	65	18.3	4.1	0.0	3.4	63	15	48	65	243	25
CHATHAM	-0.9033	133	31	102	56	44.0	3.8	3.8	1.9	133	31	102	56	232	50
HEATH	-0.8698	23	4	19	7	51.4	3.9	0.0	2.0	23	4	19	7	37	9
BRENTHAM	-0.85955	117	28	89	128	17.8	6.0	5.1	1.0	117	28	89	128	501	9
HONSON	-0.82246	142	29	113	98	23.6	4.5	4.1	2.2	142	29	113	98	478	22
CARVER	-0.79586	232	44	188	145	24.1	4.5	4.7	1.4	232	44	188	145	780	24
TEWKSBURY	-0.77828	377	74	303	312	18.9	4.6	5.7	1.5	377	74	303	312	1606	116
LUNENBURG	-0.77556	121	23	98	89	20.8	5.2	2.0	2.2	121	23	98	89	472	28
EASTHAM	-0.77189	111	23	88	38	49.4	2.5	0.0	1.5	111	23	88	38	178	47
ASHBURNHAM	-0.75327	59	12	47	61	16.4	5.9	0.0	1.4	59	12	47	61	287	6
BERIDGEWATER	-0.74421	191	36	155	136	21.5	4.0	4.5	2.7	191	36	155	136	722	25
AUBURN	-0.73580	169	39	130	188	16.7	4.5	8.8	2.3	169	39	130	188	779	34
DEERFIELD	-0.68861	62	12	50	47	19.8	5.4	0.0	2.7	62	12	50	47	252	13
SHELBURNE	-0.66971	69	18	51	33	43.2	5.5	0.0	2.1	69	18	51	33	118	15
AMHERST	-0.65906	340	75	265	187	32.0	3.8	7.2	1.1	340	75	265	187	829	158
DALTON	-0.64486	81	17	64	81	16.8	4.1	5.2	3.4	81	17	64	81	381	12
EASTHAMPTON	-0.62737	340	65	275	207	25.1	4.3	7.4	2.4	340	65	275	207	1094	86
SCITUATE	-0.60810	163	35	128	201	13.9	5.6	4.9	1.9	163	35	128	201	921	27
PLAINVILLE	-0.60420	62	15	47	88	13.3	3.9	0.0	4.1	62	15	47	88	354	0
WOBURN	-0.57373	654	159	495	546	23.3	5.3	7.3	1.5	654	159	495	546	2120	188
HAWLEY	-0.56164	15	2	13	4	46.4	6.3	0.0	0.0	15	2	13	4	28	5
GROTON	-0.53919	111	27	84	106	20.0	5.3	12.7	0.6	111	27	84	106	420	29
RUSSELL	-0.53463	51	10	41	22	36.0	4.7	7.9	0.8	51	10	41	22	114	15
SHUTESBURY	-0.49502	15	5	10	26	13.9	4.2	20.8	0.0	15	5	10	26	72	0
NEWBURY	-0.47909	80	20	60	79	20.0	3.6	5.5	1.4	80	20	60	79	300	23
WHITMAN	-0.42690	303	57	246	207	22.2	6.0	3.5	2.1	303	57	246	207	1108	52
SPENCER	-0.41721	111	21	90	64	25.9	2.9	3.3	3.9	111	21	90	64	347	35
WESTHAMPTON	-0.41274	31	8	23	25	24.5	8.0	0.0	1.1	31	8	23	25	94	8
CHAPLEMONT	-0.38291	27	6	21	18	28.0	4.2	10.5	1.1	27	6	21	18	75	3
BELCHERTOWN	-0.37294	204	45	159	131	27.6	5.1	1.5	1.4	204	45	159	131	576	48
HUDSON	-0.35922	298	69	229	274	20.1	6.4	4.8	1.4	298	69	229	274	1139	76
BROOKFIELD	-0.35421	49	10	39	25	31.5	5.6	0.0	2.4	49	10	39	25	124	13
PETERSHAM	-0.34475	12	2	10	8	22.2	3.7	18.5	1.9	12	2	10	8	45	0
CANTON	-0.34060	170	33	137	192	13.7	5.7	8.6	1.5	170	33	137	192	999	38
TRURO	-0.33248	61	20	41	30	53.2	2.5	0.0	0.0	61	20	41	30	77	13
HADWICK	-0.32823	95	20	75	34	47.8	0.6	12.3	3.1	95	20	75	34	157	33
WSPRINGFIELD	-0.30367	289	64	225	322	15.8	5.6	3.7	3.4	289	64	225	322	1425	2
ASHFIELD	-0.29598	47	11	36	25	36.7	4.2	8.5	0.8	47	11	36	25	98	17
MILFORD	-0.29185	457	104	353	344	24.1	4.7	4.1	2.1	457	104	353	344	1466	141
DANVERS	-0.28767	225	55	170	305	14.5	5.4	7.2	2.1	225	55	170	305	1172	46
LENOX	-0.28707	127	28	99	77	29.3	5.0	7.8	1.0	127	28	99	77	338	40
CHARLTON	-0.27242	223	56	167	148	30.1	4.6	1.6	2.7	223	56	167	148	554	43
FRAMINGHAM	-0.26875	1008	234	774	827	22.6	5.3	6.4	1.9	1008	234	774	827	3422	371
AGAWAM	-0.25062	369	79	290	324	19.5	6.4	3.2	1.9	369	79	290	324	1485	84
ALFORD	-0.24579	20	4	16	5	61.5	0.0	0.0	4.5	20	4	16	5	26	12
HEGHAM	-0.23271	120	31	89	154	15.9	4.9	10.3	2.2	120	31	89	154	559	23
HOPEDALE	-0.22355	43	13	30	65	16.3	5.8	4.1	1.2	43	13	30	65	184	10
HARWICH	-0.17772	21	4	17	7	45.9	4.4	0.0	2.2	21	4	17	7	37	6
MERRIMAC	-0.16429	119	23	96	66	28.0	4.1	9.5	1.3	119	23	96	66	343	33
CLARKSBURY	-0.16229	38	8	30	22	27.5	2.2	0.0	5.6	38	8	30	22	109	3
EVERETT	-0.14891	545	127	418	248	41.1	4.9	5.1	1.7	545	127	418	248	1013	154
STURBRIDGE	-0.10670	101	21	80	80	20.7	3.8	7.6	2.0	101	21	80	80	387	18

WIC NEEDS ASSESSMENT 1985 - 2 COMPONENTS 9:38 MONDAY, APRIL 6, 1987 9

TOWN	NAME	ELIGIBLE	POOR	POOR CHILD	BIRTH	PCNR POOR	LOW WT	NEONAT	TEEN	ELIGIBLE	POOR	POOR CHILD	BIRTH	CHILD	BELOW
CHESTER	-0.05737	25	5	20	13	30.8	5.5	0.0	2.7	25	5	20	13	65	6
TEMPLETON	-0.03526	127	23	104	66	27.4	3.1	2.8	4.6	127	23	104	66	379	23
FRANKLIN	-0.03425	420	103	317	338	24.3	5.0	9.1	1.3	420	103	317	338	1303	112
BLANDFORD	-0.02529	24	5	19	14	27.1	8.3	0.0	0.0	24	5	19	14	70	6
KINGSTON	-0.01985	128	30	98	134	17.9	5.7	7.1	2.0	128	30	98	134	548	24
BERNARDSTON	-0.00304	39	7	32	19	28.8	5.7	9.4	0.9	39	7	32	19	111	11
MARLBOROUGH	0.00585	780	192	588	520	29.5	5.0	5.2	2.5	780	192	588	520	1993	287
BILLERICA	0.04749	602	131	471	607	17.3	5.4	6.4	2.1	602	131	471	607	2719	175
WILLIAMSBURG	0.04959	60	14	46	35	32.6	6.2	0.0	2.5	60	14	46	35	141	13
BEVERLY	0.09745	732	178	554	521	27.4	5.1	5.9	1.9	732	178	554	521	2025	259
MONTAGUE	0.11233	257	61	196	126	39.0	4.8	1.7	3.0	257	61	196	126	503	91
WILMINGTON	0.11595	231	50	181	254	15.8	6.0	8.6	1.4	231	50	181	254	1143	53
RANDOLPH	0.12909	295	77	218	387	15.9	6.2	8.5	1.3	295	77	218	387	1374	69
ABINGTON	0.15290	288	64	224	216	23.7	5.3	5.9	2.3	288	64	224	216	947	86
DIGHTON	0.16171	111	27	84	79	27.3	2.0	16.7	1.3	111	27	84	79	308	28
DENNIS	0.16459	257	62	195	153	32.4	5.6	6.4	1.9	257	62	195	153	602	64
HADLEY	0.18248	51	13	38	55	18.8	6.4	15.9	0.0	51	13	38	55	202	10
LAKEVILLE	0.22524	146	29	117	71	32.2	4.3	5.7	2.8	146	29	117	71	363	39
NORTON	0.22728	301	58	243	182	25.3	4.6	5.2	2.9	301	58	243	182	961	91
PEABODY	0.25901	722	163	559	581	22.5	5.4	9.2	1.3	722	163	559	581	2485	198
WEYMOUTH	0.26494	1039	236	803	677	27.8	5.6	4.8	1.9	1039	236	803	677	2885	361
STOUGHTON	0.26553	464	90	374	320	22.5	5.8	8.2	1.2	464	90	374	320	1659	131
BARNSTABLE	0.28425	931	252	679	502	40.2	4.3	4.1	2.2	931	252	679	502	1691	357
GROVELAND	0.28571	76	18	58	79	18.5	4.6	8.1	2.7	76	18	58	79	314	18
ACUSHNET	0.34393	117	24	93	91	20.9	4.8	11.4	2.5	117	24	93	91	445	0
SWANSEA	0.37047	314	58	256	172	26.9	4.6	2.4	4.0	314	58	256	172	951	44
WALTHAM	0.37052	1007	237	770	654	29.0	5.7	6.5	2.0	1007	237	770	654	2657	372
DARTMOUTH	0.39255	347	69	278	244	22.6	5.5	5.1	2.5	347	69	278	244	1230	54
SPENCER	0.40625	362	71	291	175	32.3	5.1	5.7	2.4	362	71	291	175	901	123
BOYLSTON	0.40642	40	10	30	48	16.0	5.6	12.9	1.7	40	10	30	48	187	10
FAIRHAVEN	0.41039	341	65	276	169	30.8	4.7	5.8	2.7	341	65	276	169	895	54
LUDLOW	0.46001	253	49	204	187	20.8	5.2	9.5	2.4	253	49	204	187	982	68
HANSON	0.46848	200	39	161	130	24.0	4.7	7.3	2.6	200	39	161	130	670	15
QUINCY	0.47289	1722	440	1282	1054	33.4	5.6	6.1	1.6	1722	440	1282	1054	3835	624
BRIDGEWATER	0.48912	291	71	220	273	20.8	4.3	11.0	2.8	291	71	220	273	1057	54
DOUGLAS	0.50661	161	40	121	78	40.7	5.5	2.8	2.5	161	40	121	78	297	42
SEEKONK	0.54235	154	29	125	131	17.4	5.0	4.7	2.5	154	29	125	131	717	28
GLOUCESTER	0.55080	711	182	529	470	31.1	5.0	3.7	2.2	711	182	529	470	1703	186
MALDEN	0.55488	1346	342	1004	794	34.5	5.9	6.4	1.3	1346	342	1004	794	2911	436
MEDFORD	0.57717	1073	264	809	720	29.3	5.5	8.9	1.5	1073	264	809	720	2759	369
BERKLEY	0.58188	60	10	50	36	21.2	5.6	0.0	3.9	60	10	50	36	236	6
ROCHESTER	0.62596	83	14	69	51	22.5	5.0	4.5	3.2	83	14	69	51	306	28
METHUEN	0.65957	691	165	526	549	24.0	5.0	7.3	2.7	691	165	526	549	2188	203
NORTHAMPTON	0.70020	662	144	518	280	41.0	4.9	7.0	1.7	662	144	518	280	1263	267
HOLLAND	0.76774	51	12	39	35	26.5	5.1	7.3	2.2	51	12	39	35	147	19
NORTTLEBORO	0.77830	479	112	367	377	23.9	5.0	7.4	2.2	479	112	367	377	1538	143
PHILLIPSTON	0.79900	17	3	14	11	24.6	8.5	0.0	1.7	17	3	14	11	57	0
SUTTON	0.80035	149	25	124	72	28.2	5.5	2.5	3.0	149	25	124	72	439	51
HUNTINGTON	0.81495	49	10	39	27	30.2	6.2	0.0	2.8	49	10	39	27	129	12
SOMERSET	0.84043	180	32	148	147	17.2	5.0	4.1	4.4	180	32	148	147	860	0
PLYMOUTH	0.84265	1152	254	898	674	30.1	5.8	4.4	2.0	1152	254	898	674	2979	303
HOLBROOK	0.87555	134	27	107	137	15.8	6.0	12.2	2.1	134	27	107	137	679	11
SOMERVILLE	0.91212	2210	543	1667	1040	41.8	5.6	4.5	2.2	2210	543	1667	1040	3990	756
NEWBURYPORT	0.98474	536	119	417	216	44.1	4.2	3.8	2.6	536	119	417	216	945	240
HALIFAX	0.99342	176	36	140	95	30.2	6.3	4.3	2.2	176	36	140	95	464	59
UPTON	1.00358	92	21	71	63	26.1	6.1	15.2	1.1	92	21	71	63	272	28
WESTFIELD	1.04516	800	161	639	461	28.0	5.4	6.5	2.8	800	161	639	461	2286	249
WBRIDGEWATER	1.07648	71	15	56	78	15.3	7.2	5.4	2.4	71	15	56	78	366	9
BRIMFIELD	1.08063	57	12	45	32	31.0	3.5	14.0	2.8	57	12	45	32	145	17
DRACUT	1.08289	371	91	280	363	20.1	5.7	12.9	2.0	371	91	280	363	1396	61
HINSDALE	1.09345	70	18	52	36	39.4	3.5	14.2	2.8	70	18	52	36	132	19
REVERE	1.15499	992	262	730	544	38.6	5.1	7.9	1.6	992	262	730	544	1893	333
AYER	1.16527	416	171	245	341	40.1	4.9	7.1	2.5	416	171	245	341	611	86
DAMHAM	1.19001	28	5	23	15	26.4	8.0	0.0	2.3	28	5	23	15	87	6
HUBBARDSTON	1.20448	49	13	36	42	23.8	5.3	11.7	1.2	49	13	36	42	151	6
MAYNARD	1.20848	223	61	162	177	27.6	6.1	12.4	1.1	223	61	162	177	588	79
FREETOWN	1.21706	217	32	185	74	34.5	4.3	8.5	2.6	217	32	185	74	537	90
LEICESTER	1.24018	222	44	178	122	29.1	6.8	3.4	2.7	222	44	178	122	611	70
MIDDLEFIELD	1.24351	13	4	9	12	29.0	2.9	0.0	5.9	13	4	9	12	31	2
CHESHIRE	1.30828	53	11	42	50	17.8	6.3	7.9	3.1	53	11	42	50	236	10
ROCKLAND	1.33493	509	110	399	257	34.1	5.1	6.5	2.8	509	110	399	257	1170	166
GOSHEN	1.38995	23	8	15	18	35.7	9.6	0.0	1.9	23	8	15	18	42	6
AMESBURY	1.43700	457	119	338	304	31.3	5.0	8.4	2.7	457	119	338	304	1079	129
ATTLEBORO	1.44830	906	203	703	560	29.0	5.0	5.7	3.5	906	203	703	560	2428	248
PALMER	1.48886	242	56	186	159	28.2	6.9	6.1	3.5	242	56	186	159	660	50
EVERETT	1.49959	1031	245	786	512	38.2	6.0	5.6	1.8	1031	245	786	512	2055	364
CAY BLUFFS	1.52429	66	18	48	35	41.7	6.7	6.1	1.8	66	18	48	35	115	9
SALEM	1.60376	899	208	691	496	33.6	5.8	8.1	3.0	899	208	691	496	2057	276
MILLVILLE	1.63155	39	7	32	22	26.0	7.3	0.0	2.1	39	7	32	22	123	10
LEOMINSTER	1.64822	1079	253	826	560	36.2	5.8	6.0	2.9	1079	253	826	560	2283	381
ROCKPORT	1.65200	99	26	73	76	27.4	5.6	12.1	1.2	99	26	73	76	266	28
FLORIDA	1.68120	16	4	12	8	37.5	2.1	0.0	8.3	16	4	12	8	32	2
OXFORD	1.71372	366	68	298	172	31.5	7.0	1.3	3.3	366	68	298	172	945	90
BARRE	1.72013	104	22	82	61	28.9	7.1	7.1	2.5	104	22	82	61	284	47
SHIRLEY	1.74666	177	32	145	74	34.8	6.4	2.9	4.3	177	32	145	74	417	34
MILLBURY	1.75081	278	61	217	148	32.8	6.4	2.8	3.1	278	61	217	148	662	95
FALMOUTH	1.80118	682	153	529	313	39.2	5.6	7.1	2.8	682	153	529	313	1349	229
WALES	1.83457	28	7	21	23	25.0	4.8	12.0	1.2	28	7	21	23	84	5
CAMBRIDGE	1.85256	2325	616	1709	1133	43.5	6.6	6.0	2.3	2325	616	1709	1133	3928	840
COLRAIN	1.85928	57	14	43	30	36.4	8.1	6.8	3.4	57	14	43	30	118	11
BELLINGHAM	1.86920	292	59	233	221	21.3	6.3	9.6	3.1	292	59	233	221	1092	85
NORTHBRIDGE	1.88924	404	84	320	193	34.9	5.8	7.7	3.2	404	84	320	193	916	142
WARWICK	1.93270	183	40	143	90	35.3	7.6	4.6	1.4	183	40	143	90	405	47
DUDLEY	1.95745	260	51	209	99	40.9	5.9	5.5	3.1	260	51	209	99	511	124
MIDDLETON	1.96709	83	22	61	74	23.3	8.4	6.5	2.3	83	22	61	74	262	19
WESTPORT	2.17354	273	54	219	157	27.3	5.0	5.5	5.1	273	54	219	157	801	28
JAMESBOROUGH	2.20058	70	16	54	40	32.0	6.1	0.0	4.9	70	16	54	40	169	26
PAXTON	2.30458	36	3	33	7	36.3	6.8	0.0	3.4	36	3	33	7	91	9

TOWN	INDEX	ELIGIBLE	PROJECTED	BIRTHS	PCT	LBW	NEONAT	TERM	ELIGIBLE	PROJECTED	BIRTHS	CASE	BIRTHS
UXBRIDGE	2.54379	237	51	186	122	33.5	6.2	5.1	3.8	237	51	186	122	555	79
CHILMARK	2.57587	10	2	8	6	25.8	13.0	0.0	0.0	10	2	8	6	31	4
CHICOPEE	2.58273	1560	341	1219	745	36.6	6.3	7.7	3.6	1560	341	1219	745	3330	538
GREENFIELD	2.65084	637	133	504	244	43.7	6.5	9.5	2.6	637	133	504	244	1153	236
ADAMS	2.69511	323	58	265	103	45.1	6.4	3.5	3.5	323	58	265	103	587	107
WAREHAM	2.73470	649	134	515	266	40.4	5.4	5.9	4.5	649	134	515	266	1276	171
MARION	2.77978	108	20	88	43	37.1	4.5	10.0	2.5	108	20	88	43	237	51
WARE	2.80610	238	59	179	134	35.4	6.9	4.8	4.5	238	59	179	134	506	53
OTIS	2.86189	43	12	31	24	38.8	8.1	23.3	0.0	43	12	31	24	80	3
SOUTHWICK	2.96690	208	40	168	112	28.9	5.7	14.4	4.3	208	40	168	112	582	58
PITTSFIELD	3.04487	1693	342	1351	640	42.7	6.3	5.4	4.0	1693	342	1351	640	3163	706
CLINTON	3.10426	468	112	356	227	39.4	5.8	10.7	4.8	468	112	356	227	904	148
WARREN	3.16011	137	32	105	59	43.9	5.2	3.7	6.7	137	32	105	59	239	56
AVON	3.23412	72	16	56	65	20.2	7.4	13.5	3.7	72	16	56	65	277	18
TAUNTON	3.24722	1500	324	1176	677	38.3	6.3	5.5	4.3	1500	324	1176	677	3070	547
TISBURY	3.26407	91	24	67	45	42.7	7.8	14.6	0.5	91	24	67	45	157	33
MIDDLEBOROUGH	3.27110	699	137	562	258	42.5	5.6	9.0	3.8	699	137	562	258	1321	258
BROOKFIELD	3.32980	100	27	73	47	45.9	4.9	5.5	5.5	100	27	73	47	159	44
MASHPEE	3.39605	177	49	128	80	49.2	7.1	9.6	2.9	177	49	128	80	260	70
SOUTHBRIDGE	3.44131	659	149	510	258	46.1	6.0	4.1	5.8	659	149	510	258	1106	245
ATHOL	3.51749	386	83	303	161	41.2	6.1	6.7	4.8	386	83	303	161	735	123
MONTGOMERY	3.53003	11	2	9	9	17.3	8.3	27.8	0.0	11	2	9	9	52	4
HAVERHILL	3.57097	1745	419	1326	787	42.6	5.4	7.8	4.8	1745	419	1326	787	3112	669
GARDNER	3.58204	548	132	416	286	36.9	6.7	6.2	4.3	548	132	416	286	1126	154
LYNN	3.61000	3254	827	2427	1367	48.4	6.3	7.0	4.6	3254	827	2427	1367	5012	1341
SOUTHAMPTON	3.61189	97	16	81	47	27.2	8.9	10.3	3.8	97	16	81	47	298	18
HULL	3.71048	374	91	283	152	47.8	7.3	5.4	3.0	374	91	283	152	592	139
FITCHBURG	3.74649	1599	392	1207	659	47.6	5.6	5.8	4.5	1599	392	1207	659	2536	649
LOWELL	3.75549	4033	970	3063	1751	44.3	6.1	6.8	4.9	4033	970	3063	1751	6908	1542
BLACKSTONE	3.75782	248	55	193	109	40.2	7.3	8.1	3.6	248	55	193	109	480	76
WEBSTER	3.76456	450	112	338	222	40.2	6.6	8.1	5.1	450	112	338	222	841	122
BROCKTON	3.92603	3891	919	2972	1729	42.5	6.5	7.8	4.5	3891	919	2972	1729	6988	1481
PLAINFIELD	4.08279	21	4	17	7	43.6	5.9	29.4	0.0	21	4	17	7	39	6
TOLLAND	4.18675	3	1	2	2	20.0	14.3	0.0	0.0	3	1	2	2	10	0
WORCESTER	4.41897	6038	1525	4513	2588	47.1	7.0	7.6	4.8	6038	1525	4513	2588	9574	2461
SALISBURY	4.51578	211	54	157	108	40.2	6.0	13.8	4.1	211	54	157	108	391	84
WINCHENDON	4.62261	324	79	245	133	47.4	5.6	4.9	6.7	324	79	245	133	517	108
ORANGE	4.63208	306	61	245	104	46.7	6.8	8.0	6.0	306	61	245	104	525	87
FALL RIVER	5.03884	4370	933	3437	1371	54.5	6.4	5.9	5.3	4370	933	3437	1371	6311	1536
CUMMINGTON	5.03997	32	7	25	10	54.3	5.2	34.5	1.7	32	7	25	10	46	12
NEW BRAINTREE	5.04549	27	5	22	10	43.1	12.1	0.0	3.0	27	5	22	10	51	14
BECKET	5.14309	46	10	36	20	41.4	8.5	28.3	1.9	46	10	36	20	87	12
PELHAM	5.22833	11	3	8	15	15.1	8.5	33.9	1.7	11	3	8	15	53	2
GTBARRINGTON	5.25006	176	39	137	91	34.4	8.6	27.3	1.8	176	39	137	91	378	50
NEW ASHFORD	5.40072	1	0	1	1	14.3	12.5	0.0	6.3	1	0	1	1	7	0
NORTH ADAMS	5.42644	555	121	434	217	44.7	7.4	7.2	4.9	555	121	434	217	970	193
NEW BEDFORD	5.50005	4663	999	3664	1482	53.9	7.1	8.5	5.3	4663	999	3664	1482	6792	1849
PROVINCETOWN	5.87578	116	25	91	33	60.3	9.6	0.0	0.6	116	25	91	33	151	46
LAWRENCE	6.23168	4059	1067	2992	1510	56.5	6.1	8.0	6.6	4059	1067	2992	1510	5293	1725
BOSTON	6.82580	23985	6490	17495	8938	58.1	8.7	9.5	5.5	23985	6490	17495	8938	30118	10290
GILL	7.27271	38	10	28	24	34.1	11.0	33.0	0.0	38	10	28	24	82	17
CHELSEA	7.39320	1737	457	1280	495	73.8	7.2	6.0	6.5	1737	457	1280	495	1734	816
NEW MARLBOROUGH	7.58727	49	12	37	18	53.6	7.4	44.1	1.5	49	12	37	18	69	17
SPRINGFIELD	7.60056	7376	1758	5618	2636	53.3	8.1	10.2	7.3	7376	1758	5618	2636	10531	3254
SAVOY	8.56217	23	3	20	5	45.5	4.2	41.7	4.2	23	3	20	5	44	6
WENDELL	8.84426	45	6	39	8	57.4	5.4	17.9	8.9	45	6	39	8	68	13
HOLYOKE	9.05246	2633	634	1999	806	62.9	7.7	9.8	9.2	2633	634	1999	806	3177	1301
		148054	35259	112798	81776					148054	35259	112798	81776		

MANAGEMENT OF PROGRAM INCOME

The Massachusetts WIC Program earns some income on the average daily balance of funds for food costs on hand at the WIC Program's bank. This income is deducted from the bank's service charges for voucher processing.

REPORTING FINANCIAL INFORMATION

Local Agencies

Local agencies submit monthly reports of administrative expenditures and obligations of WIC funds on forms provided by the state WIC office and/or the Department of Public Health's Central Contract Unit. The reports are due in the state WIC office on the 15th day of the month to reflect the previous month's financial activity.

Local WIC programs must submit payment vouchers and itemized reports for expenses incurred against allowable line items in their contract budget. Documentation for all costs must be retained at the local agency and be available for monitoring and audits by WIC Fiscal staff.

All local WIC agencies must retain WIC Program fiscal records for seven years following the date of submission of the final expenditure report for the period to which the report pertains.

State Agency

The state agency will provide to USDA-NERO the indirect cost rate proposed to be charged, by the Commonwealth, against all Federal grants.

Accounting records reflect each fiscal year's allocation, obligations and spending against the allocation. Each fiscal year is closed out and reported according to state and federal requirements.

Bureau of Computer Services (BCS)

Approximately 25 days after the close of each month, BCS sends printouts to the state WIC office which include the following financial information for the previous month:

1. The number of vouchers cashed during the month
2. The total amount of money spent on food
3. The average cost per voucher
4. Food costs broken down by local WIC program and by voucher type

Additional reports provide information on the final expenditures for a previous month's vouchers that have now expired. For example, the printouts from BCS for August would report the final figures on May's voucher issuance. This information is listed by local WIC program and by voucher type. All of this is done "in production" at BCS where the WIC Program's tapes and data sets are stored, all WIC jobs are run, and WIC reports are printed.

State WIC Bank

Within 21 days after the close of each month, the WIC bank of deposit sends to the state WIC office statements of the WIC Concentration Account and all subsidiary accounts. Input tapes for paid vouchers, bounced vouchers and undistributed vouchers that were processed through the bank are also received for reconciliation processing at BCS.

FUNDS RECLAMATION

If the state WIC office determines that it is appropriate to claim funds as a result of an audit, the following procedure is used:

1. The State WIC Office prepares the audit findings that affect a particular local agency, and assigns a claim to that agency.

2. The local agency responds by either (1) paying the claim, (2) refusing to pay the claim for lack of funds, or (3) refusing to pay the claim in disagreement with the audit's findings.

3. If the local agency pays the claim, they make out the check to either USDA/FNS or to WIC/DPH.

   - If the check is made out to FNS/USDA, the state WIC office forwards the check with an explanatory letter to the Northeast Regional office of FNS.

   - If the check is made out to WIC/DPH, the state WIC office deposits the check in the bank and forwards documentation to FNS with an explanatory letter.

4. If the State WIC Office considers the monetary claim justified and cannot recover the funds from the local agency, it petitions the State legislature for the amount of the claim.

FISCAL YEAR 1988 PROPOSED BUDGET

10/1/87 - 9/30/88

	Total
Personnel	601,144
Fringe Benefits (30% personnel costs)	180,343
Indirect Costs (14.37% personnel costs)	86,384
Consultant Services	55,200
Banking and Data Entry Services	301,130
Staff Training	1,000
Local Agency Contracted Services	4,530,554
Travel	10,000
Printing/Advertising	28,505
Maintenance/Repairs	1,000
Office/Administrative Supplies	35,000
Bloodwork/Other Medical Supplies	5,000
Equipment	5,000
Rentals	27,000
TOTAL ADMINISTRATIVE COSTS	5,867,260
FOOD COSTS	22,758,962
TOTAL PROPOSED BUDGET	28,626,222

(Estimated 3.12% increase over FY 87)

EQUIPMENT AND SERVICES

PROCURING EQUIPMENT

General Office and Nutrition Equipment

Under state regulation, all items of equipment or related items over five hundred dollars ($500.00) are competitively procured. The state agency gives the equipment specifications to the state's purchasing agent, who handles the bid process.

Data Processing

Prior approval to use federal funds to purchase data processing equipment is requested from USDA/NERO. After approval, and when using state funds, purchases are made through a competitive bid process.

PROPERTY MANAGEMENT

Property management procedures for the state agency will be developed in FY 88.

FOOD DELIVERY

The following sections describe the operations of the Food Delivery section of the Massachusetts state WIC office. For a more complete description of the food delivery system, at both the local and state levels, see Section V.A (Voucher System Manual) and Section V.B (Vendor System) of the Procedure Manual.

METHODS OF FOOD DELIVERY TO WIC PARTICIPANTS

The state-operated centralized voucher system is a retail purchase system of food distribution. All of the local WIC programs in Massachusetts provide for retail purchase by WIC participants. A few local WIC programs also have provision for home delivery in rural areas, based on participant need for such services.

The Computerized Food Delivery System

There is a management information and reporting system for all program data on vouchers, vendors and participants.

When a participant or vendor has been authorized to participate in the WIC Program, or manual vouchers have been issued, local program staff complete the appropriate input forms and mail them to the state WIC office. They also send input forms to correct and update existing computerized records. The computer input is keypunched and entered onto magnetic tape for twice-weekly posting to the appropriate computer masterfile.

The food vouchers used by all local programs are generated by the computer monthly. The Bureau of Computer Services (BCS) for the Commonwealth of Massachusetts produces printed vouchers for all WIC Program participants currently active on the WIC participant masterfile. In addition, manual vouchers which are food-specific but not participant-specific are ordered by local programs and produced for use when a participant is not yet on the participant masterfile, and in certain other situations. A list of approved WIC foods is printed on the back of each voucher. A wide variety of standard food packages allows flexibility to the nutritionist in prescribing supplemental foods to meet individual needs.

The computer system also generates twice-weekly and monthly management reports and monthly reconciliation reports for use by local and state staff.

Delivery of Vouchers to Local WIC Programs

Before the beginning of each calendar month, the state WIC office delivers the vouchers to each local WIC program by bonded delivery service. The vouchers are accompanied by a voucher register, participant reports, and supplies ordered by local programs (input forms, postage-paid mailers, etc.) The vouchers and the voucher registers are produced in alphabetical order by site or by household code, for ease of distribution at the local program.

Proxies

If a participant desires a proxy to pick up, sign and redeem the participant's vouchers, the proxy must bring to the local WIC Office a letter of authorization signed by the participant. This letter is kept in the participant's file. The names of proxies may be entered on the participant masterfile.

A proxy who picks up vouchers must also redeem the vouchers, since the two signatures on a voucher must match.

Voucher Redemption

WIC participants receive their vouchers on appointed pick-up days throughout the month. The participants (or authorized representatives) sign the vouchers when they pick them up at the WIC office, and also sign the voucher register or manual voucher input form. The local WIC program staff stamps the vouchers with a "MASS. WIC" validation stamp, making the vouchers valid food instruments. Use of statewide participant ID cards for voucher pick-up is scheduled for implementation on September 1, 1987.

Throughout the month, up to 30 days from date of issue, participants use the vouchers to purchase WIC foods at authorized WIC vendors across the state. They countersign the vouchers once the price has been written on the voucher; the vendor must assure that the two signatures match.

Authorized vendors stamp vouchers redeemed by participants with a Vendor Authorization Stamp. This stamp identifies the specific vouchers which were redeemed by each individual vendor. Vendors then deposit the stamped and endorsed vouchers in their respective bank accounts.

Redeemed vouchers deposited in vendors' bank accounts are routed through the normal banking system to the state WIC bank and are paid on a daily basis from the state WIC office's account.

Home Delivery

The home delivery system operates only in those rural areas where there is participant hardship in access to stores. This system is the same as the standard system up to the point at which the participant receives the vouchers. Thereafter, the participant may choose to make arrangements with a home delivery service which has an agreement with the local WIC Program. The home delivery service delivers the WIC foods throughout the month, filling in the price on the vouchers each time, after which the participant countersigns the vouchers. The procedures thereafter are the same as for retail stores, starting with the deposit of the vouchers at the home delivery vendor's bank.

RECONCILIATION OF VOUCHERS

At the end of each month, State Street Bank produces tapes reflecting all vouchers paid during the month, all vouchers bounced, and all vouchers remaining undistributed. These tapes are then delivered to BCS and vouchers are individually reconciled against the voucher and participant masterfiles. State staff then analyze the reports produced from these tapes (e.g., cash errors, excessive amounts, participants not on the masterfile), and follow up or require local programs and/or bank personnel to follow up on all problems noted, as needed. Copies of microfilmed paid vouchers are obtained from the bank whenever necessary, as part of this process. Expenditure reports are then adjusted as needed, for instance, when excessive payments are reduced.

EDITS OF VOUCHERS

Prepayment Edits of Vouchers

The state WIC office primarily uses a prepayment edit system.

All vouchers are visually screened before payment at the bank by WIC staff. Vouchers are checked for:

- o counterfeit, invalid or illegible vendor stamp
- o no vendor stamp
- o missing or mismatched signatures
- o expired or future dates
- o no Mass. WIC Program stamp
- o excessive or altered dollar amount
- o price written in pencil, missing or illegible
- o other unusual circumstances.

Vouchers are "bounced" when any of the above items apply. Vouchers exceeding the $20.00 limit printed on the voucher face are bounced at the bank but may be resubmitted to the State WIC Office, which evaluates these vouchers according to quarterly price reports and pays them as appropriate.

Postpayment Edits of Vouchers

The state WIC office also conducts occasional postpayment edits of vouchers as necessary, either as part of the high-risk vendor screening process or when situations are flagged by the normal screening process.

VENDOR MONITORING, SANCTIONING, AND FAIR HEARINGS

Vendor Monitoring and Sanctioning

Vendor monitoring is a shared responsibility between the state WIC office and local programs. The state office is responsible for disqualifying vendors and conducts fair hearings.

The Massachusetts WIC Vendor Agreement, with Sanction Policy, is included in this Procedure Manual with vendor monitoring procedures for local WIC programs.

Monitoring of the home delivery system is described in the Procedure Manual.

High Risk Vendor Monitoring

High-risk vendor monitoring is conducted based on quarterly computer-generated reports of high-risk vendors. These quarterly reports are based on analyses of voucher price data, information received from local WIC staff and participants about possible abuse by vendors, and reports from WIC voucher monitors about problems observed at the bank.

Additional monitoring is then done through analysis of vouchers submitted for payment, further computerized analysis of vouchers (e.g., to detect overcharges), and compliance buys. Vendors found to be abusing the program are then warned or sanctioned according to the Vendor Sanction Policy which is part of the Vendor Agreement.

Vendor Fair Hearings

The state WIC office conducts the vendor fair hearings in collaboration with the legal office of the Department of Public Health. The state office may or may not choose to disqualify a vendor before a fair hearing is requested and a decision rendered; notice of adverse action is provided to the vendor 15 days in advance of the effective date. Vendors requesting fair hearings are allowed two opportunities to schedule an appointment for a fair hearing.

ANCILLARY SERVICES

The vendors which the state WIC office hires to assist in operation of the food delivery system are, as of June 1987:

- State Street Bank
- Bostonian Business Forms
- Anacomp Micrographics
- Central Delivery Service
- Massachusetts Statistics
- Emco Printers

NUTRITION

The State Nutrition Coordinator

The State Nutrition Coordinator is required to have a Bachelor's and a Master's degree in nutritional sciences or public health, be a registered dietician, and have experience in community nutrition. S/he is responsible for:

1) Designing risk criteria for certification and assessment and certification forms for local program use.

2) Developing nutrition policy and nutrition care protocols

3) Monitoring local programs

4) Training nutritionists and nutrition paraprofessionals

5) Developing nutrition education resources for local staff and participants

6) Integrating special nutrition projects into local program operations.

7) Evaluating WIC and nutrition services

8) Supervising Nutrition section staff

9) Reviewing and appproving local programs' annual Nutrition Education Action Plans

10) Coordinating program operations with other state departments, other nutrition and human service programs, and special counseling services.

Integration of MCH and WIC Nutrition Services

The state WIC office fosters integration of Maternal and Child Health (MCH) and WIC nutrition services to ensure quality nutrition care for MCH and WIC program participants and to eliminate duplication of nutrition services provided by both programs. State-coordinated WIC activities include:

1 Education and training of MCH and WIC community program nutritionists.

2. Policies and standards applicable to both MCH and WIC programs, such as the Prenatal Vitamin and Mineral Supplement List and Nutrition Policy for Pregnant Adolescents.

4. Combining resources to maximize available funds at the state level.

5. Providing consistent nutrition information to the public using a nutrition information network for consumers, agencies and health professionals.

CIVIL RIGHTS

General

Documentation is maintained in the state WIC office's permanent files regarding compliance status of all local agencies and the disposition of all discrimination complaints.

All local programs are in compliance with Title VI of the Civil Rights Act of 1964.

Reporting

On a monthly basis, the state's computer facility provides the state WIC office with an Ethnic Participation Report which is a statistical analysis of program participation by federally designated ethnic groups within WIC categories (i.e., women, infants, children). The report provides both local program and state totals.

Bilingual Staff

At annual site visits of each local program the state WIC staff reviews the staffing plans for local agencies to determine, where appropriate, whether or not there is sufficient bilingual staff to provide program information to non-English speaking populations in their service areas.

Minority Participants

The state staff monitors the percentage of minority participants in comparison to the local program's catchment area. If minorities are under-represented in local programs, the state and local program staff jointly determine the causes and take the following corrective action:

A. reviewing the local agency's outreach plan to determine its effectiveness with the under-represented minority group

B. soliciting the assistance of key members of the minority group to formulate more effective ways of reaching the group and

C. implementing a new outreach plan

Compliance Review

The state WIC office conducts an annual compliance review as part of each local WIC agency's annual site visit. Each compliance review determines if:

1) the program discriminates against applicants because of their race, color, national origin, age, sex, or handicap.

2) the USDA non-discrimination clause is included on all printed materials distributed by the local program which contain information about participation requirements, program benefits, eligibility or public notification.

3) the poster "...And Justice for All" is prominently displayed.

4) all participants are treated in a non-discriminatory manner by local agency personnel.

5) all applicants are being served according to WIC Program regulations on a first-come, first-served basis, and determines whether the system used by the local agency is adversely affecting minority participation.

6) Rights and Responsibilities forms are being provided/read to participants in their native language.

7) local programs have made reasonable efforts to provide bilingual/bicultural WIC services and materials to applicants and participants who cannot communicate in English.

8) outreach is being done to minority groups.

9) participant files have been coded by racial/ethnic groups as required by regulation and this information is being kept on file for 7 years.

10) the program's participation reflects the ethnic/racial composition of the area.

11) the ethnic/racial composition of the local program staff reflects the ethnic/racial composition of the area.

12) the local program has conducted civil rights training for its staff.

13) civil rights complaints are appropriately handled.

The compliance also addresses any complaint of discrimination since the previous compliance review. The review will also determine whether or not local WIC programs are following appropriate procedures regarding the handling of complaints.

Complaints

All applicants to or participants of the WIC Program are informed of their right to a fair hearing and their right to file a complaint directly with the Secretary of Agriculture if they feel that discrimination has occurred.

Complaints of discrimination are referred to the Director, Office of Advocacy and Enterprise, USDA, Washington, D.C. 20250, with a copy to the Regional Civil Rights Director.

MONITORING

Local Program Monitoring

Local program monitoring is the shared responsibility of the Program, Nutrition and Food Delivery sections. Site visits are scheduled annually at each local program.

The goals of local program monitoring are to:

- Review compliance with federal regulations and state guidelines.
- Enhance communication between the state agency and local agencies/ programs.
- Give local program staff the opportunity to meet and discuss their successes and concerns with the state staff.
- Analyze certification procedures, including educational activities and recordkeeping.
- Provide guidance on implementation of food delivery accountability systems.
- Judge the program's access to potential participants and the overall attitudes of the agency and local WIC staff towards participants.
- Determine the staff's ability to plan effectively.
- Determine any need for technical assistance, whether at the request of the local program, the local agency, or the state agency.

The state agency is responsible for:

1. Scheduling the site visit (generally, one day is needed to complete the tasks identified below)
2. Monitoring identified indicators of performance
3. Preparing the final report
4. Providing technical assistance on the corrective action plan
5. Approving the corrective action plan

The local program is responsible for:

1. Confirming a mutually acceptable appointment

2. Providing necessary information including, but not limited to,

   - completed pre-review questionnaire
   - participant records
   - applications
   - appointment schedules
   - vendor files
   - participant reports
   - manual voucher logs, input form copies and voucher registers
   - caseload and catchment area data
   - standard letters
   - nutrition education materials
   - outreach plan update
   - group education protocols
   - Nutrition Education Action Plan update

3. Scheduling participant appointments for counseling review as necessary

4. Ensuring that staff is available for consultation

5. Responding to corrective action requests

Local programs are evaluated on the basis of their compliance with federal regulations and state guidelines. Compliance determination is based on data obtained from participant records, applications, voucher records, vendor records, program protocols and policies, Nutrition Education Action Plans, High Risk Outreach Plans, and materials produced by the program, as well as on observations of counseling and program operations.

Areas addressed include:

- o caseload management
- o outreach systems
- o program sites
- o staffing
- o certification
- o nutrition education
- o notification requirements
- o administration
- o civil rights
- o voucher security
- o manual voucher processing
- o computer-generated voucher processing
- o voucher distribution procedures
- o vendor management

In areas where the program is not meeting compliance standards, a corrective action plan is requested and must be approved by the state agency.

The timeline for processing site visits is:

1.	Appointment scheduled, confirmation letter and pre-review questionnaire sent	6 weeks prior to visit
2.	Completed pre-review questionnaire back at state WIC office	1 week prior to visit
3.	Site visit takes place	
4.	Site visit report sent to local agency	6 weeks after visit
5.	Corrective action plan due at state office	10 weeks after visit
6.	Corrective action response sent to local agency	14 weeks after visit

PROGRAM AVAILABILITY

Outreach at the Local Agency Level

The state WIC agency primarily publicizes the availability of program benefits through its statewide network of local WIC programs. Based in Massachusetts cities and towns in areas of greatest need, the local WIC programs are charged with the responsibility of knowing their communities and are best situated to effectively target outreach activities to high risk populations, health care providers, and social service agencies as well as to conduct general publicity activities.

Local programs are provided with referral checklists and other outreach strategies and are required to submit annual outreach workplans; outreach activities are monitored through the regular state agency site visit protocol, with technical assistance provided as needed.

For a more detailed description of local program outreach activities, see the OUTREACH section in the Procedure Manual.

Outreach at the State Agency Level

The state WIC office investigates and initiates outreach activities that are more feasible on a statewide basis than at the local program level. Kinds of activities this might include are:

- obtaining birth information from Vital Statistics for use in mailing WIC information to new mothers
- discussing with the Department of Public Welfare options for increasing referrals of eligible, non-participating AFDC clients to WIC

The state WIC office also prepares outreach materials to distribute to local programs, potential and current participants, and other interested persons. Examples of these materials include posters and flyers, the Massachusetts WIC Program List, which lists local program locations, sites, staff and hours of operation, and the 3" x 6" "inserts" which are enclosed in mailings from other agencies or organizations such as food banks, AFDC, Food Stamps, Project Good Health, etc.

Coordinating Program Operations With Other Human Service Programs

The state agency coordinates program operations with special counseling services and other human service programs by:

- meeting regularly with staff from the Department of Public Health's Office of Nutrition and from the Maternal and Child Health section to coordinate activities and staffing at the state and local level, plan joint trainings, etc.

- maintaining close ties with many other nutrition and human service programs such as the Pregnancy Hot-Line, EFNEP, the Office for Children, the Healthy Mothers/Healthy Babies Coalition, Cooperative Extension, the Childhood Lead Poisoning Prevention Program, the Refugee Health Program, the Handicapped Services program, the Women's Health Unit of MCH, and the Hunger Hot-Line.

- coordinating activities, publicity and outreach with the MCH Healthy-Start program. Referrals between WIC and Healthy-Start are made at the local WIC program and regional Healthy-Start level, and a reciprocal referral agreement has been initiated between these two programs to ensure a greater degree of coordination.

- working with the Massachusetts Department of Food and Agriculture and EFNEP to increase WIC participant awareness and use of Massachusetts Farmers' Markets as a source of low-cost fresh produce. Plans include distribution of promotional materials and coupons redeemable for fresh produce through local WIC programs.

- mandating that local programs refer participants to Food Stamps and automatically disqualifying WIC vendors who are disqualified for fraud and abuse by the Food Stamp program. Stores disqualified by the Food Stamp program are not considered for WIC vendorships.

- participating in the Massachusetts Department of Public Health's internal workgroup on Infant Mortality Prevention and working closely with the Boston Area Coalition on Infant Mortality and Low Birthweight.

The WIC Advisory Council also provides a forum for planning initiatives to promote increased coordination of human service activities. The WIC Advisory Council includes representatives from the Massachusetts Department of Welfare, the Office for Children, the Governor's Office of Human Resources, and the Executive Office of Human Services, as well as various other WIC consumers and advocates. See the WIC ADVISORY COUNCIL section of this State Agency Operations manual for a complete list of WIC Advisory Council members.

FAIR HEARINGS

Local Agency Hearings

See the LOCAL AGENCY HEARINGS section of this State Agency Operations manual for complete information regarding local agency hearings.

Participant Fair Hearings

See the following sections in the Procedure Manual for complete information on participant fair hearings:

- THE RIGHT TO A FAIR HEARING (instructions for local programs on notifying participants of their right to a fair hearing)
- FAIR HEARINGS (fair hearing protocols)

Vendor Fair Hearings

See the following sections for complete information regarding vendor fair hearings:

- VENDOR APPEALS
- REQUESTS FOR VENDOR FAIR HEARINGS
- VENDOR PARTICIPATION PENDING A FAIR HEARING
- VENDOR FAIR HEARING PROCEDURES

REQUEST FOR PROPOSALS

Every three years the Department of Public Health, through the state WIC office, publishes an open, competitive request for proposals from public or private non-profit health agencies, from hospitals or from human service agencies that have a commitment to and an expertise in providing service to WIC target populations.

The purpose of the RFP is to allow local agencies to demonstrate their ability to provide direct service to eligible WIC participants. Local agencies must be able to provide for outreach, certification, nutrition education and security and accountability in the provision of WIC vouchers.

The agencies selected are given a contract to provide WIC services.

In the years between RFPs, local agencies submit a proposal narrative which outlines the manner in which the agency will administer the program. The parameters are outlined in the guidance developed by the state WIC office each year.

LOCAL AGENCY SELECTION

The state WIC office selects local agencies for running the WIC Program according to the following priority system:

1. Public or private nonprofit health agencies which provide pediatric and obstetrical care.

2. Public or private nonprofit health or human service agencies which enter into a written agreement with another such agency for either obstetric or pediatric care.

3. Public or private nonprofit health agencies which enter into a written agreement with private physicians, licensed by the State, in order to provide pediatric and obstetrical care.

4. Public or private nonprofit human service agencies which enter into a written agreement with private physicians, licensed by the State, to provide health services.

5. Public or private non-profit health or human service agencies which refer participants to health providers for obstetric and pediatric care.

In selecting local agencies to host local WIC programs, the state WIC office also looks for:

1. Local agencies that demonstrate an in-depth knowledge of the local community.

   The state WIC office views the local agency as an expert in the field. The local agency must be able to demonstrate knowledge of the people who live in their catchment area, be familiar with the social service and health service network in the community, and understand the needs of high risk populations in the area.

2. Local agencies that understand the context and expectations of the state WIC office.

   The local agency must understand the historical development of the WIC Program, the rationale for its design, and the mandate of the program: to serve the WIC participants.

3. Local agencies that understand the operational issues of administering a local WIC program.

The local agency must understand that the various components of the WIC Program function as a separate part, but at the same time are integrated into a single program by effective management.

The local agency must also understand the need for a secure voucher system and the liability incurred for vouchers on hand.

4. Local agencies that have the organizational structure and resources to run a local WIC program.

   The local agency must show evidence of a well-established financial management system which can handle cash flow and reporting requirements. They must clearly define the roles and responsibilities of the local WIC program staff, as well as the relationship between the WIC program staff and the local agency. The local agency must be willing to provide professional, supportive supervisory staff who regularly interact with the WIC Program staff.

LOCAL AGENCY HEARINGS

Reviewing the Outcome of an RFP Funding Decision

Local agencies have an opportunity to review the outcome of an RFP funding decision through a debriefing/appeal process.

Within ten working days after the issuance of award/rejection letters, any bidder may request an opportunity 1) to discuss with the WIC staff the reasons for not being selected as a provider and 2) to examine proposals, a list of awards and evaluation materials and ratings provided by the review committee(s).

Bidders requesting a debriefing must do so in writing to:

Director
Massachusetts WIC Program
Division of Family Health Services
Massachusetts Department of Public Health
150 Tremont Street, 3rd floor
Boston, Massachusetts 02111

Appeals

After the debriefing process, any current provider or bidder who is dissatisfied with the RFP award decisions may request an appeal of the decision within five working days of the debriefing meeting.

A provider/bidder requesting an appeal must do so in writing to the Director of the Division of Family Health Services. The written request must include the specific reasons for seeking an appeal. Upon receipt of the request, a meeting will be scheduled with program and division managment and the aggrieved party. The goal of the preliminary meeting is to achieve a resolution of the appeal without a formal fair hearing procedure.

If the provider/bidder remains dissatisfied with the RFP outcome, s/he can request a formal fair hearing in writing or verbally within five working days of the preliminary hearing.

The fair hearing will be conducted by an impartial hearing officer designated by the Commissioner who will make the final determination. This decision is final and will be provided in writing to the provider/successful bidder within ten working days of the conclusion of the proceeding and sixty working days from the local agency's original request for a fair hearing.

Local Agency Rights in a Fair Hearing

The local agency will be provided with: 1) advance notice of the time and place of the hearing, 2) the opportunity to present its case, to confront and examine adverse witnesses and to be represented by counsel, if desired.

If the local agency is unable to appear at the fair hearing on the date scheduled by the hearing officer and the local agency notifies the state WIC office in advance, the agency may have one opportunity to reschedule the hearing.

Termination of a WIC Contract

Local agencies terminated from participating in the WIC Program for not complying with WIC regulations and/or other provisions of the WIC contract will receive a written notification from the state office informing them of the termination, the cause(s), and the effective date of the termination, not less than 60 days prior to the effective date of the termination.

If a local agency wishes to appeal the termination of their WIC contract with the Department of Public Health, the agency may request a hearing. The agency's written request for a hearing must be received within 10 days of the agency's receipt of the termination notice.

The fair hearing will be conducted by an impartial hearing officer designated by the Commissioner of Public Health who will make the final determination. The decision will be provided in writing to the local agency within sixty days of the local agency's request for a fair hearing.

Expiration of a WIC Contract

The expiration of a local agency's WIC contract is not subject to appeal.